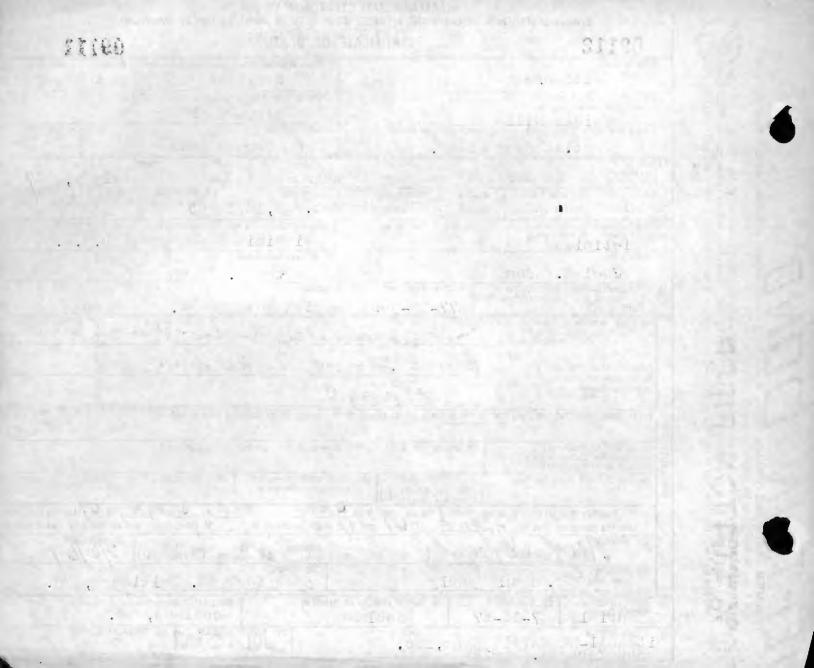
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH CERTIFICATE 09112 The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) b. COUNTY Baltimore and campletely filled in by the funer remaye carbon papers. Pages 1 ar o. COUNTY o. STATE Baltimore MARYLAND 72 hours after c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore #18 Owines Mills
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 723 Gorsuch Avenue Baptist Home of Md. NO nt, within 4. DATE 3. NAME OF First Middle Month Year Last Day DECEASED Carolyn Adam 1967 July DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED Olget birthday) Months Hours Female White Oct. 20,1871 cremation, or remayal, and in any WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or fareign country) 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Dietician COUNTRY? A. INDUSTRY Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joel O. Adam Martha D. Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address burial-transit permit. burial, cremation, or re Baptist Home of Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) à DUE TO signed Conditions, if any, which gave rise to immediate cause (a), **DUE TO** stating the underlying cause attending be detached for use as the State Dept. af Health priar ta this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO T be retained by the haspital ar 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Haur o.m. Not While of work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from 19 CO to Stells 1967, and that death accurred at M. from causes and on the date stated abave saw the deceased alive an_ 220. SIGNATURE DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S directar, po shauld be f NAME (Type) Paul 5820 York Rd. Baltimore 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23g. BURIAL CREMATION. 23b. DATE THEREOF REMOVAL (Specify) Woodlawn, Md. 7-11-67 Woodlawn 24 FUNERAL DIRECTOR
Mitchell-Wiedefeld Home, Inc.
6500 York Rd. 21212 ADDRESS VR A15 (4) 20 M 1/66

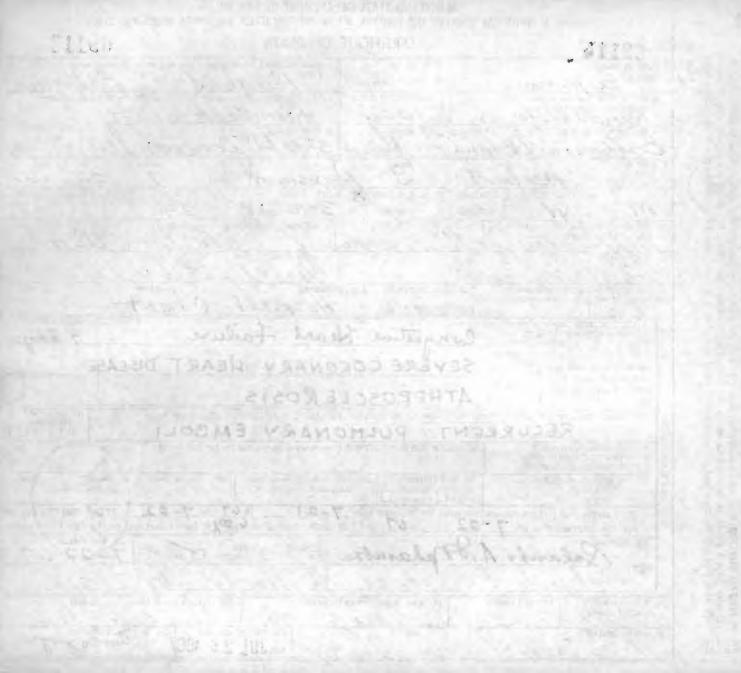


MARYLAND STATE DEPARTMENT OF HEALTH

20M 1/65

F. budfewal. Singer Control SUF COMES drawn resident and days T9M(_____ The state of the s 18/65/01 Single Principle Commission of State Comp. actions, agreement 10 eph 1 (1190) principal (auto) Market to the law of a tray of the last the enter 7/8/5) this family Good test (all Shorts, Juny Good test) the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND suppletely filled in by the further corbon popers. Pages 1 events within 72 hours after c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If aurside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparote limits, 6. IS RESIDENCE ON A FARM? INSTITUTION (If not in haspital, give_street address d. STREET ADDRESS NO OR YES NAME OF 4 DATE and completely f Day Year DECEASED 61 19 DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Months Days Hours DIVORCED WIDOWED ond in any 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) during prost of working life even if retired) 13. FATHER SMAME 14. MOTHER'S MAIDEN NAME or removol. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yes, no, orunknown) (If yes give war ar dates of service WKNOWN crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY on aestine IMMEDIATE CAUSE (a) DUF TO buriol HEART DISEASE RONARY Conditions, if any, which gove rise to immediate cause (a) DUE TO stating the underlying couse offending has been be detoched for use as the State Dept. of Health prior to EROSCLE ROSIS lost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CURREN ULMONAR NO YES Page 4 may be retained by the hospitol or TO FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I at Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Not While of wark 21. I certify that (1) (this haspital) attended the deceased fram 1967, to 1967, that (I) (we) last should and that death occurred at GISDAM, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE ATTENDING PHYS. DIRECTOR director, page 3 should be filed v PHYS 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 238. LOCATION (City or Town) 23 NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) (State) 23o. BURIAL, CREMATION REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. EMNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 26

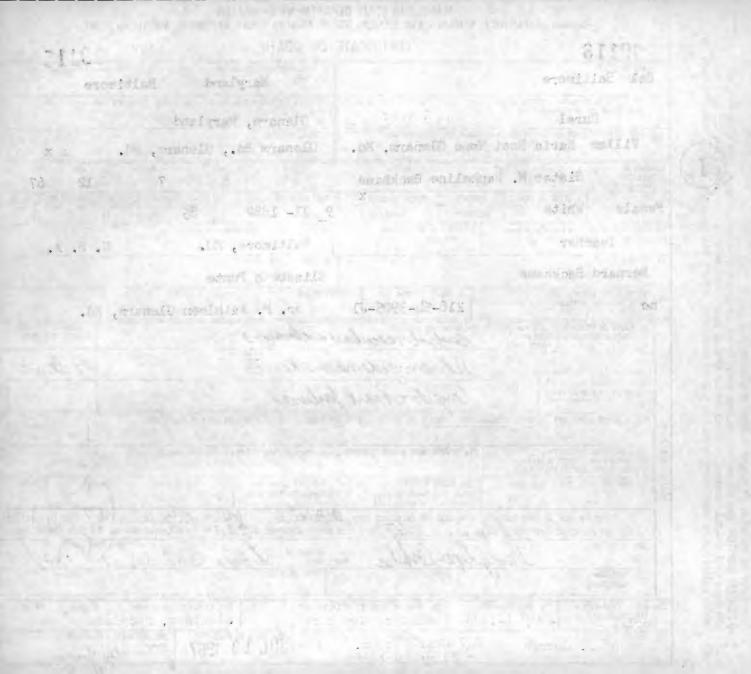


-1	tem 21 ver. by phone 7-1MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 30	PARTMENT OF HEALTH 1 W. PRESTON STREET, BALTIMORE, MARYLAN	D 21201	
OR STATE	09115 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	09114	
M3. Page M11.	a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: a. STATE Maryland b. COUNTY Ba	Residence before admissian) 1timore	
m PM3. Pa	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Essex (21)	c. CITY OR TOWN (If autside carparate limits, write RURAL Essex (21)	and give nearest tawn)	
000 a mag	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1624 Eastern Ave.	d. STREET ADDRESS 1624 Eastern Ave.	e. IS RESIDENCE ON A FARM? YES NORDE	
A St	3. NAME OF First Middle PECEASED (Type or print) WILLIAM VERNON ARCHER	Last 4. DATE Manth OF DEATH July 8.	Day Year 19 67	
re ald			UNDER 1 YEAR IF UNDER 24 HRS onths Days Haurs Min.	
_ >	Insurance Agent Insurance Co.	Virginia	COUNTRY?	
File pag and in	13. FATHER'S NAME William W. Archer	14. MOTHER'S MAIDEN NAME Blanche Archer		
Medical Examiner permit. File pages emaval, and in an	(Yes, no prynknawn) Iff yes nive war at dates of service)	Virginia Luckan 8749 Old I	larford Rd.	
should be tarwarded to the Unief Medical files. 3 sliauld be used as a burial-transit permit. int, prior to burial, cremation, ar remaval,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g)	ONSET AND DEATH	
900	PERFORMED? YES NO 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II af Item IB.)			
ge 3 sh	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) 20f. (City or town) (County)			
TO FUNERAL DIRECTOR: Flage Health at its designated age	21. I certify that I took charge of the remains described above, held an Autapsy Inspection X, Inquiry , and in my apinia death resulted from: Natural causes, X, Accide KXX Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER			
UNERAL D	EXAMINER'S NAME (Type) Theo. C. Patterson, M.D. 105 Mai	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DE	7/18/6	
- W	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR BUTIST 7/11/67 Baltimore Nat	CREMATORY 23d. LOCATION (City or Town) Lional Cemetery Baltimore		
(5)	24. FUNERAL DIRECTOR ADDRESS Bruzdzinski Funeral Home 1407 Eastern Av	25g. RECD BY REGISERAR 19875b. REGIST DATE	PART SIGNATUR Judge	

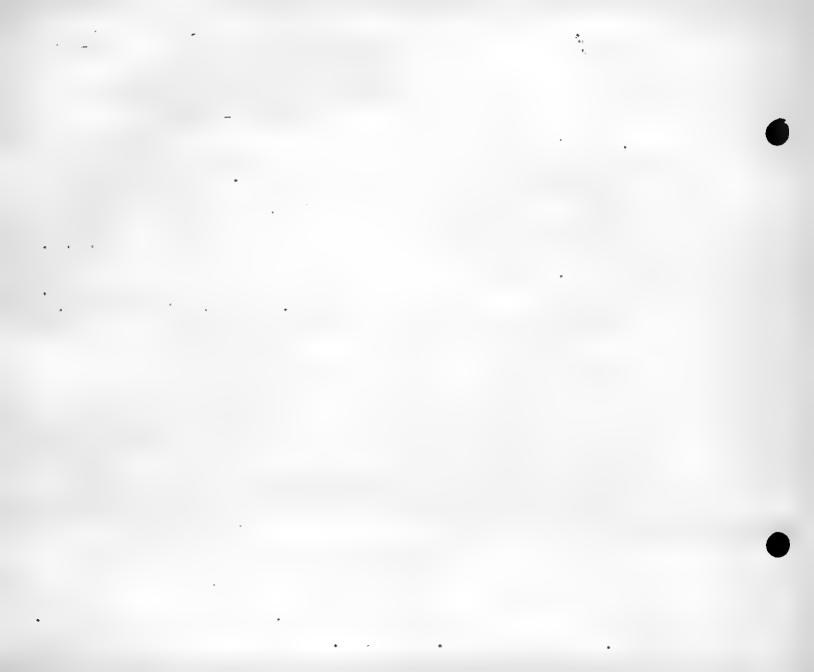
15 m/57 = 12/mm 100 market and the section Andrew W. States The professional rate of the section of the contract and the contract and

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09116 requires that the death certificate be executed within 24 haurs after death. funeral i and and PLACE OF DEATH BOUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. Baltimore o. STATE Marvland MARYLAND b. CITY OR TOWN (If outside carporate limits, C LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside comparate limits, write RURAL and give nearest town) write RURAL and give neorest town) 2 years Glenarm. Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)
VILLAM Maria Rest Home Glenarn, Md. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Glenarm Rd., Glenarm, Md. YES DE NO T Sister M. Rapheline Backhaus NAME OF 4. DATE Month Year Doy DECEASED 167 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. WGE (In years birthdoy) Female White 9 21- 1882 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician a during most of variencing aven if retired) INDUSTRY Baltimore, Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar removal. Bernard Backhaus Elizabeth Punte IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes ap, or unknown) (If yes give war or dates of service) 218-54-3905-1 Sr. M. Kathleen Glenarm, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (r).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) be detached for use State Dept. of Health NO TO FUNERAL DIRECTOR: After this certificate 200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Not While foctory, street, office bldg., etc.) of work 21. I certify that (1) (this haspital) attended the deceased from Butoleo 6, 1966, ta 1967, that (I) (we) last 1967, and that death accurred at 929 M, fram causes and an the date stated above saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED Henry Imc orh M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial Specify) July 15, 1967 Sisters Cemetery Glen Arm, Maryland 24 FUNERAL DIRECTOR Raymond J. Curran 25b. REGISTRAR'S SIGNATURE 817 Scarlett REC'D BY REGISTRAR VR A15 (4) 1967 Misselly Towson, Maryland 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00118 CERTIFICATE OF DEATH 39117 PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death funerol s 1 and ter depth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY tely filled in by the function papers Poges 1 of within 72 hours after d Baltimore MARYLAND Maryland Baltimore
c CITY OR TOWN (If outside corporate limits, write RUKAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Towson Baltimore - Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) A STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Joseph's Hospital #21222 YES NO X 3100 Cornwall NAME OF remove carbon Middle First 4 DATE Month Doy Year completely DECEASED Baby Bahorich Jr . DEATH Boy July event, 1 (Type or pant) Joseph John 2 67 19 IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) JE UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED X Months Нощѕ Male White July 2, 1967 yno ni bno WIDOWED DIVORCED puo 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. INDUSTRY attending physician permit. Then please Baltimore, Maryland None None 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physical burial-transit permit. Then plantial, cremation, or removal, Joseph J. Bahorich Carol Ann Grayson 17 INFORMANT(Father) 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or Binknown) ((If yes give wor or dotes of service) Addre Dundalk, Md. 16 SOCIAL SECURITY NO. Joseph J. Bahorich, 3100 Cornwall Rd. No None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Hydrocephalus IMMEDIATE CAUSE (a)_ DUE TO Conditions, if ony, which gove (b) rise to immediate cause (a), **DUE TO** stoting the underlying couse os the O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or ottending 19. WAS AUTOPSY PERFORMED? PART L. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate has use NO X YES ! وَ 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched be detoched Stote Dept. c (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) While Not While ot work of work **DIRECTOR:** After 21. I certify that (this haspital) attended the deceased from saw the deceased glive an July 2 1967, and the sed fram July 2, 1967, to July 2, 1967, that 🕱 (we) lost __, and that death accurred ap:IOP M, fram causes and an the date stated above saw the deceased alive an director, page 3 should should be filed with the 220 FIGNATURE 22b. DATE SIGNED X July 3, 1967 DIRECTOR M.D PHYS 22d. ADDRESS 22c. PHYSICIAN'S B. Salanio, M.D. Imelda 7620 York Rd., Towson, Md. 21204 NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 230 BUR AL, CREMATION, (County) Burial (Specify) 7/5/67 Gardens Of Faith Cem. Baltimore. Md. 0 250. HED BY GGISTRAN 967 256 PESCRAPS SENATURE 24. FUNERAL DIRECTOR John J. Duda, 7922 Wise Ave. Dundalk. Md. 25M 1/67 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09118 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours ofter death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY **b** COUNTY liting MARYLAND Du b. CITY OR TOWN (If outs de corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) write RURAL and give neorest tawn) ely filled in by bon papers. Pe within 72 hour lethrone haletin je d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely filled 1700 mittenhous 1700 Riitenkonse YES NO 🔽 cocpon NAME OF 4 DATE Lost Doy Year DECEASED (ony eyent) (Type or print) Joseph DEATH July S SEX 6 COLOR OR RACE IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years) IF UNDER 24 HRS. гетоме lost birthdoy) Months Doys Heurs WIDOWED DIVORCED hite and 10o USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CT ZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) cremation, or removal, and in physicion a during most of working life, even if retired) INDUSTRY COUNTRY? alonk warehouse Maryland
14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME attending phys permit. Then p Helen John G. Baker Hogg IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) the signed by the burial-transit PART I DEATH WAS CAUSED BY ONSE AND DEATH IMMEDIATE CAUSE (a) be retained by the haspital or ottending physicion. DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO ficote has been s far use os the b f Health prior to b stating the underlying cause last. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19 WAS ALTOPS! PERFORMED? TO FUNERAL DIRECTOR: After this certificate I director, page 3 should be detoched far us should be filed with the State Dept. of Health NO [7] OR ATTENDING PHYSICIAN: 20a ACC DENT WAS UNDER YING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) GE/ Hour a.m. foctory, street, office bldg., etc.) While Not While at work of work 21. I certify that (I) (this hospital) attended the deceased fram. 41967, that (I) (we) last , and that death accurred at 7.04 M, from causes and an the date stated above. saw the deceased alive on Ma 190 22o, SIGNATURE 22b. DATE SIGNED STAFF M.D. DIRECTOR Fage 4 may 1 22d ADDRESS 22c. PHYSICIAN S NAME (Type) Brancis. 23o BLRIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Sacrea mount of Jesus 24. FUNERAL DIRECTOR **ADDRESS** 25g, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) DATE JUL 2 7 1967 25M 1/67 Ambrose L323 Jul hor Jurin. Ed



MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE b COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) r filled in by the in papers. Page vithin 72 hours a Baltimore 21212 Towson 21204 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? St. Joseph Hospital 700 Woodbourne Ave. YES NO T NAME OF event-wit 4. DATE First Middle Month Doy Year DECEASED 167 PRESTON BANKERD July F. (Type or print) DEATH S. SEX 6 COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR 1 IF UNDER 24 HRS 7. MARRIED Sast birthday) Male White Jan. 28. 1908 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ottending physicion sermit. Then please GreenSpring Dairy Maryland Retired -Salesman 13. FATHER S NAME 14 MOTHER S MAIDEN NAME cremation, or remayal, Daniel Bankerd May Preston IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) No 213-05-7907 Mrs. Constance A. Bankerd Same INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) been signed by the s the buriol-transit PART I DEATH WAS CAUSED BY: ONSET AND DEATH Massive gastric hemorrhage IMMEDIATE CAUSE (o) Page 4 moy be retained by the hospital or ottending physician. DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse shou d be detached for use as the with the State Dept. of Health prior to (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? this certificate has CERTIFICATION YES A NO F 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF E THER NOTIFY MEDICAL EXAMINER) (County) (Stote)

PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

FUNERAL

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VR A15 (4)

director, g

NAME (Type)

M.S. Cockburn, M.D.

20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While at work

2). I certify that (1) (this baspital) attended the deceased fram July 4, 1967, to July 5, 1967, that (4) (we) last saw the deceased from July 5, 1967, and that death accurred at 550pM, from causes and an the date stated above. 220 SIGNATURE 22b DATE SIGNED ☑ July 6, 1967 M.D. DIRECTOR 22d. ADDRESS

7620 York Rd., Towson, Md. 21204

23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 230 BURIAL, CREMATION, Burial (Specify) Dulaney Valley Mem. Grds. Timonium, REC'D BY REGISTRAR 1905 York Rd. & Sons Co.



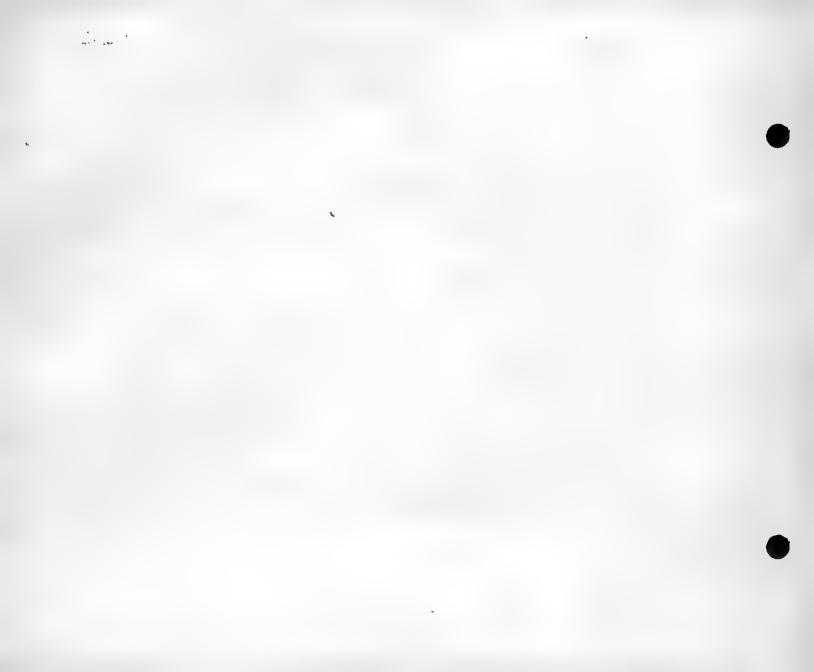
1 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
- 2-	09120	CERTIFICATE OF DEATH	09119			
After death the funeral ages I and a after death	PLACE OF DEATH a. COJULY Baltimore County b. CITY OR TOWN (If outside corporate limits.	MARYLAND O. STATE Wary Land ENGTH OF PTAY IN 16 C. CITY OR TOWN (If puts) carparate lim	ed, if institution Residence before didmiss on b. COUNTY Harford. iits, write RURAL and give nearest town)			
Page 4 may be retained by the haspital or attending physician. Page 4 may be retained by the haspital or attending physician. Of FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carpaterery filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remark carbon pages? Pages I and 2 should be filled with the State Dept. af Health priar to burial, cremation, or removal, and in any venit, within 72 hours after death.	write RURAL and give nearest town) Mount Wilson NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give st Mount Wilson State Hosp	1 I II I I I I I I I I I I I I I I I I	G IS RESIDENCE ON A FARM? YES NO			
e carbon venit, wit	NAME OF DECEASED (Type of pnot) SEX 6. COLOR OR RACE 7. MARRIED WIDOWED IV	Middle BANK S 4. DATE OF BRITH 9. AGE	Month Day Year 19 G (In years IF UNDER 1 YEAR IF UNDER 24 HRS birthday) Manths Days Hours Min			
oval, and in any	od USUAL OCCJPAT ON (Give kind of work done uring mpst of working life, event felmed) 10b KIND OF INDUSTR 3 FATHER'S NAME	BUSINESS OR 11aBIRTHPLACE (County & State, or foreign	OUNTRY? 12. CIT ZEN OF WHAT SA			
attending phy permit. Then ian, or remova	S. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war ar dates af service) (If yes give war ar dates af service)	SECURITY NO 17. INFORMANT Records, Mount Wil	REED (0) Address son State Hospital			
the has been signed by the attending physician and a use as the burial-transit permit. Then please remainst priar to burial, are mation, or removal, and in any	1B. CAUSE OF DEATH (Enter only one cause per line for (a) Line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Cond tions, if any, which gove by the to immediate cause (c),	p), and (c)) Prisscleratic heart dise	INTERVAL BETWEEN			
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e Dept. af Health p	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY		item (B.) y or tawn) (Caunty) (State)			
the State [21. I certify that (I) (this haspitol) oftended to saw the deceased alive on		om couses and on the date stated above.			
page 3 sh	22c. SIGNATURE 22c. PHYSICIAN'S Wm NAME (1700) We woomen M. D. Su	M.D. ATTENDING MED. M.D. PHYS DIRECTOR D	STAFF PHYS. DATE SIGNED 7.14-1967			
directar,	Buria, Cremation, Removal Specify 17 July 67 N	it. Calvary Cemetery Aber	Maryland N (City or Town) (County) (State) deen, (Har.) Md.			
5 (4). 1/66	bette aucoulus. Tarri	ing record Home of the Land Record of the Land Reco	67 fliarles Judge			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09123CERTIFICATE OF DEATH 09121 The law requires that the deoth certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived, if institution, Residence before admission) a. COUNTY **b.** COUNTY BALTIMORE MARYLAND by the Pages c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate imits, completely filled in by thi ove carban popers. Page pevent within 72 hours BALTIMORE h2 DAYS e IS RESIDENC d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? 1632 E. VETERANS ADMINISTRATION HOSPITAL NO Z Middle NAME OF First Last DATE Manth Year remove carban completely DECEASED 1967 HIDMP BARGET JULY WITELLAM DEATH (Type ar print) IF UNDER JNDER 24 HRS 8 DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED birthday) Hours 8/18/94 and in any WHITE WICOWEO DIVORCED MALE and 12 CIT ZEN OF WHAT 10a USUAL DCCUPAT ON (Give kind of work done 106, KIND DE BUSINESS DR 11 BIRTHPLACE (County & State or foreign country) during most at work no life, even if retired)
AGENT BALTIMORE, MARYLAND 14 MOTHER'S MAIOEN NAME 13. FATHER'S NAME cremation, or removal, HENRY C. BARGET ELIZABETH ENGLAND 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND permit. (Yes, na, ar unknown) (If yes give war or dates of service 77 90 CLINICAL RECORDS. VAH. FT. HOWARD Y 28 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH **burial-transit** PART I OEATH WAS CAUSED BY: TERMINAL CARCINOMA OF THE PROSTATE IMMEDIATE CAUSE (o) signed by OUF TO Conditions, if any, which gave (b) rise to immediate couse (o), OUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) has Generalized Arteriosclerosis. Chronic Brain Syndreme due to Cerebral YES this certificate AT CONTROL CAMPAR ACCURRED. (Enter nature of injury in Port I or Port I) of item 18) 20g ACCIDENT WAS UNDERLYING [the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame farm, (City or town) (County) 20c TIME OF INILIRY Month, Oav, Year foctory, street, office bldg., etc.) Hour a.m. Not While at work 19_**67**, ta 19 67 that 70 (we) las 21. I certify that 4) (this haspital) attended the deceased fram be retained 19.67, and that death accurred at 5:10 M, fram causes and an the date stated above saw the deceased alive an O FUNERAL DIRECTOR: 22b. DATE SIGNED 22a, SIGNATURE enen. Po STAFF 7/23/67 OIRECTOR director, page should be filed 22d. AOORESS 22c. PHYSICIAN'S O HOSPITAL PUSEPENDRA SENAN. M.D. NAME (Type) VA Mospital, Fort Howard, Mi. 23c NAME OF CEMETERY DR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23a. BURIA. CREMATION Maryland July 26, 1967 Dulancy Valley Memorial Cockevsville 2So RECOBY REGISTRAR 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR William Cook=Brooks Towson

r1631

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20120 death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission). o. COUNTY o. STATE b. COUNTY ALTED papers Pages 1 MARYLAND b. CITY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) COLUSEN LTO d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? .E The law requires that the death certificate be executed within 24 filled BOID W. COLD SPRING LANE HESAPEAKE NO D YES NAME OF carban First 4. DATE Lost Yeor DECEASED M. 19 6 / (Type or print) DEATH DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED purchdoy) remaye Months Dovs HOLES and in any WIDOWED A DIVORCED 10b KIND OF BUSINESS OR 12 OF ZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) during grost of working life, even if retired) COUNTRY? INDUSTRY HEREFORD Stousewell 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Horsonle Circle (Yes, no pylinknown) (If yes give wor or dotes of service 70 18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY Corcumuna IMMEDIATE CAUSE (o) 1533 DUE TO Conditions, if any, which gave (b) use to immediate couse (a), DUE TO stoting the underlying couse as the lost. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) NO S 20o ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port | of item 18.) OR CONTRIBUTING ET CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year factory, street, office bidg., etc.) Hour o.m. Not White at work 21. 1 certify that (1) this haspital) attended the deceased from 7/2/ 19 67, ta 19<u>6</u> ? that (I) (we) last Page 4 may be retained 19 6 ?, and that death accurred at 940 M, from couses and on the date stated above. 7/20 saw the deceased alive on. 220. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR M.D PHYS ADDRESS 320 22c PHYSICIAN'S 22d O HOSPITAL FUNERAL CHARLES FRANCIS NAME (Type) directar, shavid t 23d LOCATION (City or Town) 230 BURIAL CREMATION, 23b DAJE THEREO OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 0 VR A15 (4) DATE

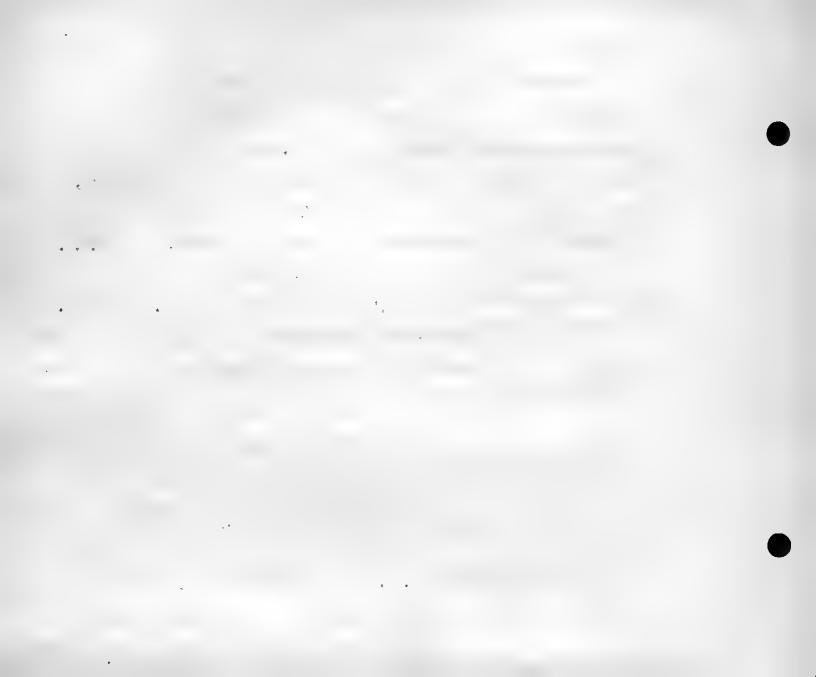


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09123 CERTIFICATE OF DEATH 09122OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o. STATE Maryland b COUNTY Baltimore Baltimore MARYLAND tely filled in by the rban papers. Pages within 72 hours aft b CITY OR TOWN (If outside corparate limits, write RURAL and give neglect town)
rural...Baltimore c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate firmits, write RURAL and give negrest town) rural...Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS S RESIDENCE ON A FARM? 3007 Texas Avenue 3001 Texas Avenue NO X remove carban NAME OF Middle 4 DATE Last Year and campletely **DECEASED** July and the state of t 2, 1967 Melford Baynes and in any event (Type or print) DEATH SEX 6. COLOR OR RACE B DATE OF BIRTH 9 AGE (In years IF LNDER 1 YEAR 7 MARRIED NEVER MARRIED burthdoy) white Nov. 15, 1904. male WIDOWED DIVOR CED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most alworking life even if retued)
Retired Machine Operator WesternElec. Co. **COUNTRY?** attending physician permit. Then please USA Maryland 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Lillian Charles Baynes 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Same) (Yes, no, ar unknown) (If yes give war or dates af service) Mrs. Louise D. Baynes 216-03-5724 TB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) INTERVAL BETWEEN al-transit PART I. DEATH WAS CAUSED BY. ONSET AND DEATH in chus hu of Kuprostrh thetastases IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse this certificate has been be detached for use as the State Dept. of Health prior to WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(o) hone NO K 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port fl of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or fawn) (Caunty) (Stote) Hour a.m. foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram 12.8, 1964, to 7.2, 1967, that (I) (we) last saw the deceased alive on 2.8, 1967, and that death accurred at 11.57 M, from causes and on the date stated above. TO FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED MED STAFF PHYS director, page 3 shauld be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S Dr. Joseph Skloven 7122 Harford Rd., Balto.Co., Md. . 21234 NAME (Type) 23d LOCATION (City or Town) (Co. Baltimore, Md. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, Burial (Specify) 7/6/67. Baltimere National Cem. ADDRESS 2So REC'D BY REGISTRAR 2Sb. REGISTRAR 5 SIGNATURE 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc...Baltimore City, Md..ll DATE JUL 3 VR A15 (4) 25M 1/67

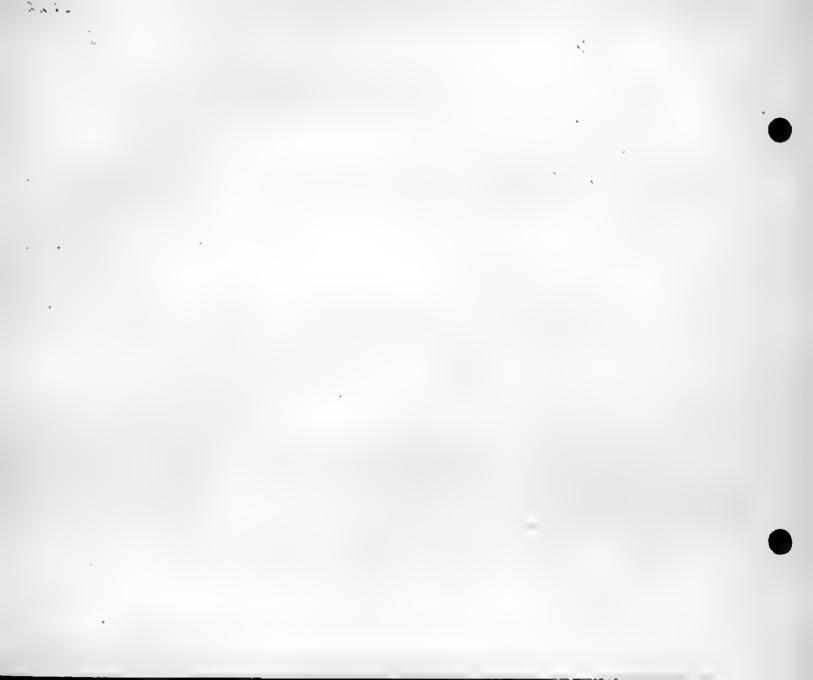
MARYLAND STATE DEPARTMENT OF HEALTH

1 w ξ OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after death corban or removal certificate has been Health be retained TO FUNERAL DIRECTOR: director, page should be filed VR A15 (4) 25M 1/67

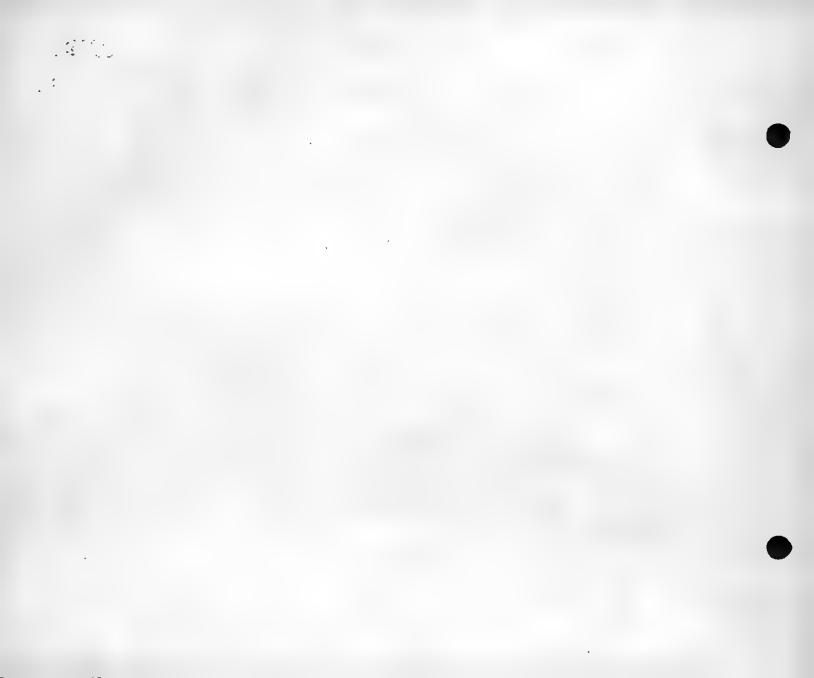
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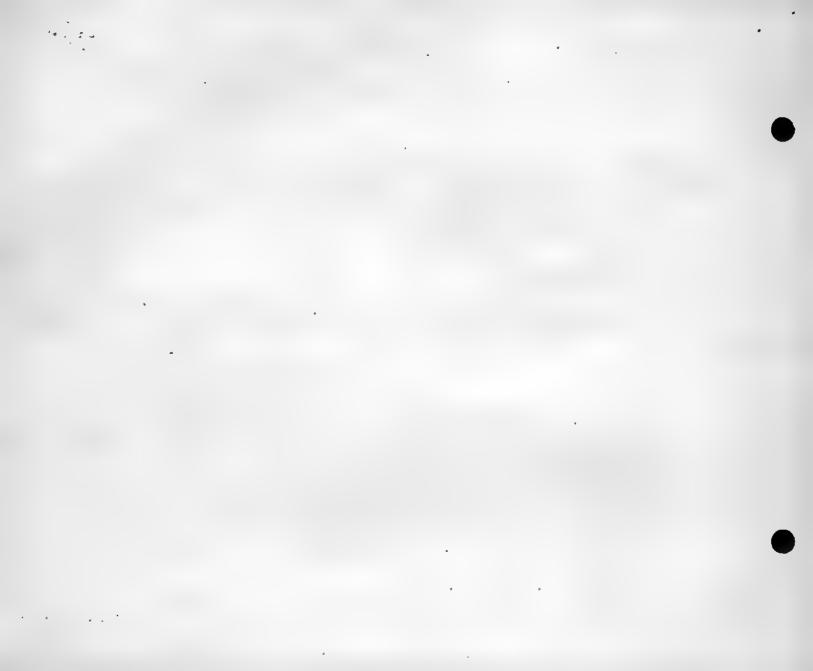
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09125 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o COUNTY ALTIMORE MARYLAND b CIY OR TOWN (If outside corporate mits, C LENGTH OF STAY IN 16 corporate in its write RURA, and give negrest town VISITING NSTUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? Office alang with farm NO D 4 DATE Dov Year DECEASED OF DEATH NEVER MARRIED 7 MARRIED IF JNDER 24 HRS lost birthdoy) Months within 72 hours after death WIDOWED 5 DIVORCED IDo ... SUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BiRTHPLACE (Stote or fore an country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY 2 McCormic Aspistuse Baltimore, Maryland ward "pending" in pencil 'n the Chief Medical Examiner's Superviser 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Mary Fuka Joseph Bender 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or, unknown) (If yes give wor or dates of service) 212-09-2670 Mrs eanne Nerim 5913 Lock Raven Blvd. 18 CAUSE OF DEATH (Enter only one couse per line, for (o) (b), and (c),) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY in any event ONSET AND DEATH IMMED ATE CAUSE (6) DUE TO-Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINA, DISEASE CONDITION GIVEN IN PART 1(a) NO D 20o. EXTERNA, CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18.) PRIMARY Or CONTRIBUTING O EXAM! NER: CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, form 2Df (City or Town) (County) (State) Hour om While Not While of work factory, street, office bldg , etc.) FUNERAL DIRECTOR: Page Not While 21 I certify that I taak charge of the remains described above, held an Autopsy [], Inspection [4] and in my apinion death resulted from Natural causes . Accident . Suic de . Ham cide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 5 may 10 FUNER NAME (Type) Address (Street, city town, or county) 25 234 NAME OF CEMETERY OR CREMATORY 230 BURIAI CREMATION 23b DATE THEREOF 23d CCATION (C ty or Town) REMOVAL (Specify) Baltimore. Burial St. Joseph's Ceffetery 250 REC D BY REGISTRAR 256 REGISTRAR S SIGNATURE FUNERAL DIRECTOR VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 18Altimore o. COUNTY b CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN autside corporate limits, write RURAL and give nearest town) write RURAL and give necrest town) Altimore Arbutus d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARMS 21229 4421 Wilkens Ave. 21229 3 NAME OF First Avddle R DATE Month Last Year DECEASED OF (Type or print) P DEATH S SEX 6. COLOR OR RACE AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Dovs 11/20/87 02 burial, crematian, or remayal, and in any WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT Mack Truck Cd. during most of working life, even if retired)
Mechanic COUNTRY? attending physician sermit. Then please Sweden USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Berg 21227 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 216-07-1462 Mrs. Dorothea M. Burgoon, 1243 Leeds Terrace INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). buriel-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DHE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending prior to b lost. WAS AUTOPSY PERFORMED? PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) has A. S.C.V.D NO S certificate PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (Esty or town) (Stote) 20c T.ME OF INJURY Month, Day, Year (County) Hour To.m. foctory, street, office bldg., etc.) ot work 21. I certify that (1) (this haspital) ottended the deceased from 29. July 1967 to and that death accurred of O FUNERAL DIRECTOR: sow the deceosed discon. M, from couses and on the date stated above 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** director, page 3 should be filed v DIRECTOR PHYS PHYS. 22d. ADDRESS 22c PHYSIC AN S NAME (Type) wood 23d LOCATION (City or Town) 230. BURIAL CREMATION. 236. DATE THEREO (Stote) (County) Buria T 8/1/67 Loudon Park Cemeterv Baltimore Md. 24. FUNERAL DIRECTOR 250 VR A15 (4) 25M 1/67 Howard H. Hubbard, 4107 Wilkens Ave. OATE



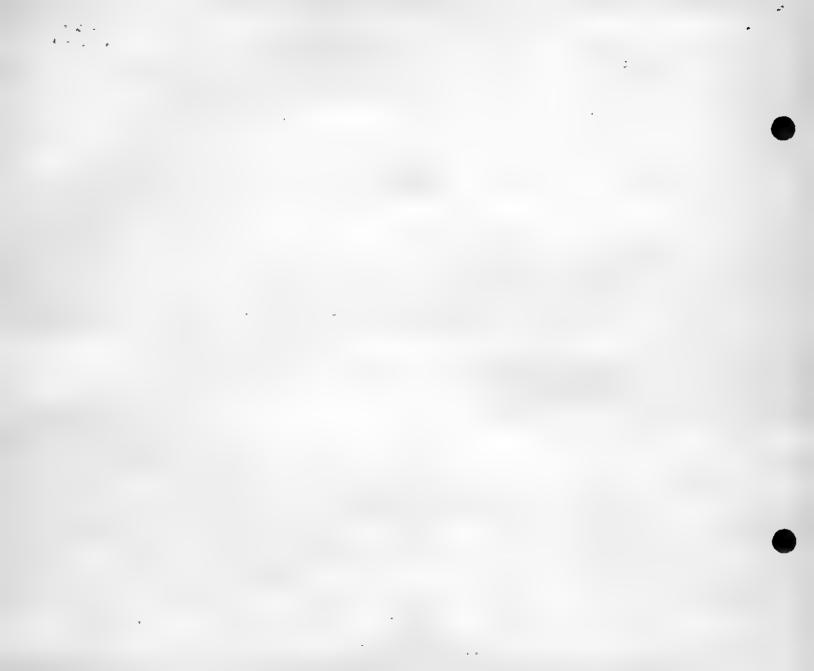
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (if outside carparate imits, autsible carporate limits, write RURAL and give negrest town) write RURAL and give negrest town) 24 haurs more and campletely filled in by papers. nn 72 ha d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENO ON A FARM? 7- Scots Leve NO I requires that the death certificate be executed within NAME OF Fiest Middle 4 DATE Doy Year DECEASED OF lena DRRMAN DEATH 19 Type or print IF UNDER YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years remove last b rthday) Months Hours and in any WIDOWED 12 CITIZEN OF WHAT 10a USJAL OCCUPATION (G ve kind of work done during most of working life, even if retired) TOP KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) **COUNTRY?** INDUSTRY LISA At Home Latvia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or removal, Chava Hertza Youngman 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Road (Yes, no, or unknown) (If yes give war or dates af service) Na INTERVAL BETWEE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY signed by the burial-transit p IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gove rise to immediate cause (a). DUE TO storing the underlying cause prior to ! Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been far use as the last. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) State Dept. of Health NO 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18) 20a ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg , etc.) Not While 21 1 certify that (1) (this haspital) attended the deceased from and that death accurred at 3:25 M, fram causes and an the date stated above saw the deceased alive an 22g SIGNATUR ATTENDING M.D. DIRECTOR directar, page 's should be filed 22d ADDRESS 22t. PHYSICIAN'S NAME (Type) Rolando A Baltimore County General Hospital 23a BURFAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) REMOVAL (Specify) Pinelawn Babulon, L.J. Burins 7/14/67 25b. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR **VR A15 (4)** 20 M 1/66 Sol Levinson & Bros. Inc. 6010 Reist.



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
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haurs affection of by the function s Pages 1 and 3 hours after death	PLACE OF DEATH O COUNTY	USUAL RESIDENCE (Where deceased lived, if institution on STATE		
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haurs in by ers Pers 2	d NAME OF HOSPITAL OR INSTITUTION (If not in hospitor, give street address)	d. STREET ADDRESS	L e IS RESIDENCE	
2 Po 2 2	BALTIMORE COUNTY GENERAL HOSPIT	TAL 4857 RUSTERSTUWN RO	e is residence on a farm? yes \(\)	
with Andrew	3 NAME OF First Middle DECEASED	Lost 4. DATE Month	Doy Year	
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completely will completely over carbo	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	ost birthday)	Months Days Hours Min	
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phy en grand		Sarah Perlman		
em e	ABRAHAM COOPLR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	17 INFORMANT Address	S	
leat end mit.	(Yes, no, or unknown) (If yes give wor or dates of service)	Mr. Abraham S. Borman 6113	Stuart Avenue	
quires that the death cer physician. signed by the attending p burial-transit permit. The burial, crematian, ar rema	IB. CAUSE OF DEATH (Enter only one couse per lime for (a) (b) and (c))	Mr. Abraham S. Berman, 6113	INTERVAL BETWEEN	
equires that the physician. signed by the burial-transit burial, cremati	PART ! DEATH WAS CAUSED BY. IMMEDIATE CAUSE (ON DUCUTE)	Wincho preumonia	ONSET AND DEATH	
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The atter has see a the has	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AJTOPSY PERFORMED?	
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itification of H	OR CONTRIBUTING CAUSE OF DEATH	CORRED (time holde of injury in roll to Fort it of hein its.)		
G PHYSICI the hospit this certif detached te Dept. of		20e. PLACE OF INJURY (Home, form, 20f (City or town)	(County) (Stote)	
the this detce of the broader	20c. TIME OF INJURY Month, Doy, Yeor Hour o m. 19 Of work of work of work	factory, street, office bldg., etc.)	(
Stat	21. I certify that (I) (this haspital) attended the deceased	fram 1-10 , 1967, to 7-14	, 19 <i>6</i>], that (I) (we) las	
R. A	sow the deceased glive on 1-14 1961, o	and that death occurred at 5:35 AM, from couses o		
AT AT Showith with	22o. SIGNATURE (†	ATTENDING MED STAFF	22b. DATE SIGNED	
OR OR OR OF	Danney mo	M.D PHYS DIRECTOR PHYS. 122d ADDRESS	1 1-14-01	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhauld be filed with the State Dept. of Health priar to burial, creating the state Dept.	22c PHYSICIANS NAME (Type) D. SIMON	Baltimore County Gene	ral Hospital	
OSF B 4 B 4 B 5 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C 5	230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME	TERY OR CREMATORY 23d. LOCATION (City or Tow		
Pag o Figure of standard of the standard of th	REMOVAL (Specify) Burial 7/13/67 IAnaho Fm	unah) Aitz Chaim Baltimore,	Markand	
	24. FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb REG	SISTRAR'S SIGNATURE	
VR A15 (4) 20 M 1/66	Sol Levinson & Bros. Inc., 6010 Reist	erstown DATE JUL 18 1967	Charles Juine	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after deoth . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND completely filled in by the b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ROSE DALE ROSEDALE a NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 33 NO L LANH YES carbon 3. NAME OF Middle DATE Lost Doy Year DECEASED 196 DEATH 5 SEX 8. DATE OF BIRTH AGE (In years IF JNDER 1 YEAR IF JINDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthdoy) WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done TOB. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? signed by the ottending physician burial-transit permit. Then pleased 1) S A HOUSE 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME CHAEL 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service CATHERINE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line (ex. (o), (b)/ond (c).) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gave rise to immediate couse (o), DUF TO tor use os the l Health prior to b stating the underlying couse or attending TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPS'
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) at work 19 6 (2 21. I certify that (I) (this haspital) attended the deceased fram should M, from causes and on the date stated above. and that death occurred at 4 saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE M.D DIRECTOR director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o BURIAL, CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) MID 24. FUNERAL DIRECTOR VR A15 (4) CONNELL SONS 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

4.2



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY Baltimore Health, D. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale I'mits, write RURAL and give nearest town) Baltimore d. STREET ADDRESS In hospital, give street address) . IS RESIDENCE ON A FARMS 1835 Freedom Way YES NO NAME OF DATE Loss Month DECEASED Kathleen Antoinette Blair (Type or print) DEATH July 9th. 19 67 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday] Months Female Cau Hours 1 WIDOWED [7] 10 yrs DIVORCED [10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? School Child Baltimore, Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Oscar Ell Blair Adelia Gregory 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT (if yes, give wor or dates of service) no none Oscar Ell Blair, 1835 Freedom Way 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). F INTERVAL BETWEEN ONSET AND DEATH now Winh PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) **DUE TO** Conditions, if any, which) gave rise to immediate cause **DUE TO** (a), stating the underlying cause last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO 19. WAS AUTOP PERFORMED 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b/DEGRIBE HOW INJURY OCCURRED SENIOR Solver of injury in Bort to provide them 18 20d INJURY OCCURRED / 20e PLACE OF INJURY Home, form. 20c. TIME OF INJURY Month, Day, Year TCHy or lown at work of work 21. I certify that I took charge of the remains described above, held an Mutapsy \(\pi\) Inspection | Inquiry [4 apinian death resulted fram: Natural causes . Accident Suicide . Hamicide . Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER Melvin B. Davis, M.D. NAME (Type) 5800 Mornington Rd. FUNE 226. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or county) Cathedral Cemetery Baltimore, Md. 0 Burial ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE VS. A15ME 4611 Park Heights Av. Balto. 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09131 09132 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTYS o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, C. LENGTH OF STAY IN 15 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 24 hours e IS RESIDENCE ON A FARM? INSTITUTION (If not in haspital, give street address) The low requires that the death certificate be executed within NAME OF DATE Year corpon DECEASED OF burial, cremation, or removal, and in any event, (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED (in years 7 MARRIED lost birthday) WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) cog her Ins our 13 FATHER'S NAME 16. SOCIAL SECURITY NO 17. INFORMANT INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the buriol-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) by the hospitol or ottending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), **DUE TO** stating the underlying cause director, page 3 shauld be detoched for use as the should be filed with the State Dept. of Health prior to certificate hos been 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) TO FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Month, Dov. Year Hour a.m. factory, street, affice bldg., etc.) Not While at wark at wark 21. I certify that (I) (this haspital) attended the deceased from , 1952, that (1) (we) last to July 3 1915 Page 4 may be retained and that death accurred at 1 5 5 AM, from causes and on the date stated above saw the deceased alive an 22g. SIGNATURE 22b. DATE SIGNED STAFF DIRECTOR 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) **BURIAL, CREMATION** 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY -29d, LOCATION (City or Town) (County) (State) ARKUILL 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	09134 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09133
HEALTH DEPT.	1. PLACE OF DEATH 9. COUNTY 23 1. PLACE OF DEATH 9. COUNTY 23 1. PLACE OF DEATH 9. COUNTY 23
(41)	Baltimore MARYLAND STATE Md Baltimore
ay b	b. CITY OR TOWN (if outside corporate limits, write RURAL and live nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and live nearest town)
the funders of the fu	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give speet address) d. STREET ADDRESS e. IS RESIDENCE
Page State Churs a	York Rd. York Rd VES NO 128
iny dela ing. and ing. st	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
If any 1, 2, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Type or print) - MOTH - COUNTY
Para form	WIDOWED DIVORCED VVVV 15/892 75 yrs. Hours Min.
r dea ve Pa with and went	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during post of working life, even is retired) 11/ BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT DOWNTRY
ours after death m 18. Give Pag e along with f pages 1 and 2	13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME (14. W. 15.
ours m 18 e al pag	Phillip Borneman Nannie Pearce.
24 ho Office File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT TO Address (Yes, np., or unknown) [(If yes give war or dates of service)]
f within 2 pencil in miner's 0 permit. F	18. CAUSE OF DEATH LETTER DILY ONE CAUSE DET HEAFOR (b) and (c).
ted win pe in pe Examilia sit pe or re	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
d be executed "pending" in Medical Exa burial-transit cremation, or	DUE TO
uld be execu d "pending" ief Medical I a burial-tran , cremation,	Conditions, If any, which (b) (b)
ould "rd "ief h	cause (e), stating the DUE TO underlying cause last. (c)
ficate sho the work to the Chi used as to burial,	
infica g the to the r to the	YES NO 22 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part or Part of Item 18.)
TEXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be files. Tiles. TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after department.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PRIMARY TO OF CONTRIBUTING CONTRIBUTING CAUSE WAS CAUSE OF DEATH.
te, v orwa sho gent,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Liffica be i age 3	
the certification of the certi	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
ute the ge 4 sh your fi	CHIEF MEDICAL EXAMINER
execute execute la for you the or its	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 7/16/67
DEPUTY MEDICAL EXURENCE TO THE CONTRIBUTION OF	EXAMINER'S P. M. FRANCE Address (Street, city, town, or county)
D DEPUTY please e director. retained O FUNER of Health	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Paga Pag	ADDRESS 25a, REC'D BY REGISTRARL 25b. RESISTRARS SIGNATURE
VR A15ME	Local Hortenstein New Ferledom Co. DATE UL 19 1967 fairles Judg



	Divisian of STATISTICAL R	MARYLAND STATE DEP ESEARCH AND RECORDS, 301	ARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, I	MARYLAND 21201
. 2	00135	CERTIFICATE	OF DEATH	09134
haurs after death, n by the funeral s Pages 1 and 2 haurs afferdeath	DELICE OF DEATH O COUNTY SALTIFICATION B CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) RADALL STOWN	MARYLAND c LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceased lived,) O. STATE LIARILAND C CITY OR TOWN (If outside corporate limits, v BILTINGE & H d STREET ADDRESS	b. COUNTY DALTOMORE Write RURAL and give nearest town) ARJLAND
filled in 12 ha	BALTIMOR'E CO. GEN		8042 LIBERTY	P D e is residence On a farm? Yes no
equires that the death certificate be executed with physician. signed by the attending physician and campletely burial-transit permit. Then please remove carbaburial, crematian, ar removal, and in any event, with	3. NAME OF DECEASED (Type or print) DECEATING (Type or print) DECEATIN	Middle RIED NEVER MARRIED B WED DIVORCED CONTROL OB KIND OF BUSINESS OR NOUSTRY STORE 16 SOCIAL SECURITY NO 17. IN 220-24-3714	LOST OF OF OF OF OF OF OF OF OF O	Month Day Year 7 3/ 19 67 Year Year Year Year House 1 YEAR IF UNDER 24 HRS hdoy) Yrs Months Doys Hours Min
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre-	OR CONTRIBUTING CICAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20. TIME OF INJURY Month, Day, Yeor Hour a.m.	DA INJURY OCCURRED OCCURRED To twork the deceased fram	Enter noture of injury in Port I or Port II of iter OF INJURY (Home, form, 201. (City or ry, street, office bidg, etc.) 19 , to	reference of the part of the p
TO HOSPITAL Page 4 may 7 TO FUNERAL D director, page 55.5 should be fill	230 BURIAL CREMATION, 3RMOVAL (Spectry) 24. FUNERAL DIRECTOR 22. BLUERS 25. STAR BLUERS 27. STAR BLUERS 28. STAR LIVE	23 NAME OF CEMETERY OR CO ADDRESS The Rd Randal	REMATORY 23d. LOCATION (C az se 250. RECD BY REGISTRAR 1	ity or Town) (County) (State) Lawn Palls. Md 25b REGISTRAR'S SIGNATURE 7 Kellswiller Judge



CERTIFICATE OF DEATH should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. county timore Maryland Baltimore MARYLAND b. CITY OR TOWN (if aulside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest town)
Rogers Forge Rogers Forge filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 6825 Blenheim Road 6825 Blenheim Road YES NO completely papers. 3 NAME OF Middle DECEASED OF July 67 Edith Brockie (Type or print) Linda DEATH and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. ₹. death certificate be last birthday) Months Days Hours Female White WIDOWED [DIVORCED [physician 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired - dressmaker Canada Canada 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Marv Husband 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) None Mrs. Janet Brockie Box 13 Hazlet. 18. CAUSE OF DEATH finier only one cause per line for (a), (b), and (c) INTERVAL BETWEEN QNSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Z 20a. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I of item 18) OR CONTRIBUTING TO CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJU 20d, INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 201. (City or lown) (County) (State) factory, street, office bldg., etc.) While Not While et work at work (we) last 21. | certify that 21 (this hospital) attended the deceased from..... and that death occurred at A.M., from the causes and on the date stated above. saw the deceased alive 22b. DATE SIGNATURE SIGNED ATTENDING STAFF PHYS. n DIRECTOR PHYS, M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 23a. BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (51efe) REMOVAL (Specify) る時品 Lorraine Park Cemetery Woodlawn, Md. Burial 25a, REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATUR 256. REGISTRAR'S SIGNATURE VR A15 (4)

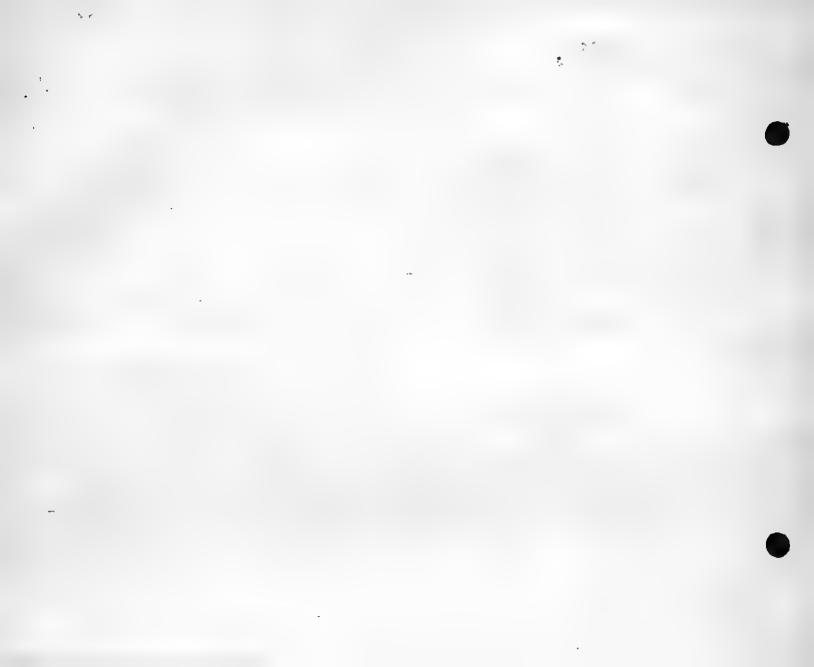
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09138 CERTIFICATE OF DEATH death. Tuneral Tand PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission). MOS DI o. COUNTY O STATE NIFIRYLIAND b COUNTY Harjord in onyevent, within 72 hours ofter MARYLAND b CITY OR TOWN (If outside corporate I mits c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) The law requires that the deoth certificate be executed within 24 hours filled in popers. d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) in d STREET ADDRESS ON A FARM? filled YES NO ond completely i First Lost DECEASED (Type or pant) DEATH S SEX 6. COLOR OR RACE 9 AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED DATE OF BIRTH Jast pirthdoy) Months white Doys Hours midel WIDOWED R DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) please during most of working life, even if retired) INDUSTRY COUNTRY? ottending physician permit. Then please ond Ochis Ulla 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaya Lena Schnaer Gieenberg BoresStokes IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT permit. (Yes, no, or unknown) (If yes give war or dates of service Haure De Anita Hanline cremotion, 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
PART 1 DEATH WAS CAUSED BY. signed by the buriol-transit a ONSET AND DEATH a. a.de IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 moy be reforned by the hospital or attending physicion. DUE TO Conditions, if ony, which gove 3. W. rise to immediate cause (a), DUE TO stoting the underlying couse **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to lost. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS'
PERFORMED? CATION Ubman. NO X 2Do ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port il of item 18.) CERT OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER MEDICAL 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form 20c TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) Hour am factory, street affice bldg etc.) While Nat While of work at wark 21. I certify that (1) (this hospital) attended the deceased fram. TO FUNERAL DIRECTOR: and that death accurred at 92 DM, from causes and an the date stated above saw the deceased olive an 220 SIGNATURE 22b DATE SIGNED ATTENDING M.D. DIRECTOR PHYS PHYS 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Cog Rosedale, Haryland 23a BURIAL CREMATION 23b DATE THEREOI (State) REMOVAL (Specify) Rudomer Verein Bunial 24 FUNERAL DIRECTOR **ADDRESS** 250 REC D BY REGISTRAR 2Sb REGISTRAR S STGNATURE & Brso Inc. 6010 Reisterstown Rd. VR A15 (4) 25M 1/67 1967 Levinson



1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	09138 CERTIFICATE OF DEATH
hours after deoth	PLACE OF DEATH a. COUNTY Baltimore MARYLAND
nou 77 non	Tows on d. hame of Hospital or Institution (if not in hospitol, give street address) St. Joseph Hospital Baltimore d. STREET ADDRESS 421 E. 20th Street #21218 VES NO IN
)	3 NAME OF DECEASED (Type or print) 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 3 NAME OF DECEASED (Type or print) 4. DATE Month Doy Year OF DEATH July 16, 19 67
	Male Colored WIDOWED SeptivorCED 4-27-11 lost birthday) Months Doys Hours Min 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed. 11 BIRTHPLACE (County & Stote, or fareign country) 12 CITIZEN OF WHAT COUNTRY? A. 13. FATHER'S NAME 14 MOTHER'S MADE NAME Urola Materia
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates af service) 2/4/2025/44 Calkurue Mic Coy Baston, Wastern Death (Enter anly ane couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 16 SOCIAL SECURITY NO 17 INFORMANT Address Address Address Address NTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
	Conditions, if any, which gave isse to immediate cause (a), stating the underlying cause last. DUE TO Fistulous tract between trachea, esophagus and aorta DUE TO Carcinoma of the esophagus
,	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 9 WAS AUTOPSY PERFORMED? YES 1 NO
	206 ACCIDENT WAS UNDERLYING CO. 206 DESCRIBE HOW INJURY OCCURRED (Enter nature at injury in Part I or Part II of item 18.) 307 OR CONTRIBUTING CO. CAUSE OF DEATH 408 INJURY MEDICAL PRABMIAERY
	20c. TIME OF INJURY Manth, Doy, Yeor Hour a.m. p.m. 19 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) 20f (City ar tawn) (Caunty) (Stote)
	21. I certify that (1) (this hospital) attended the deceased from 5-25- , 1967, to 7-16- , 1967, that (4) (we) las sow the deceased alive on July 16, 1967, and that death occurred at 8:15aM, from couses and on the date stated above 22a. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED
/	Alternor M.D. M.D.
/	230 BURIAL (REMATON, PRINCIPLE PROPERTY OF CREMATORY PROPERTY
	24 FUNERAL DIRECTOR 11/101. V. Chaturer 1-1701 7 Culloh St. Jake 2004 REG STRATS RIGHATURE 11/101. V. Chaturer 1-1701 7 Culloh St. Jake 2004 REG STRATS RIGHATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201. 09139 CERTIFICATE OF DEATH 09138 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY o. STATE Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAT and give Represt town) Baltimore MARYLAND b CITY OR TOWN (If outside caroarate Emits. c. LENGTH OF STAY IN 16 write RURAL and give negrest town) bers. Pag 72 hours Phoenix Towson d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? St. Joseph Hospital YES NO F NAME OF pou Middle First Last 4. DATE Month Doy Year DECEASED (Type or pont) 0F E. Catherine July ond in ony event, Burk 67 DEATH remove cor S SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH 9 AGE (n years IF JNDER 24 HRS NEVER MARRIED lost birthday) Months Days White Female May 29, 1882 WIDOWED DIVORCED and 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY?U.S.A. INDUSTRY Maryland Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remavo Henry Amrein Margaret ottending p 15 WAS DECEASED EVER IN U.S ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Address (Yesting, or unknown) (If yes give wor or dates of service) 218 07 2713 Hospital Records crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-transit p ONSET AND DEATH Acute posterior septal myocardial infarction DUE TO signed Conditions, if any, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse as the prior to hos been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS CERTIFICATION PERFORMED? YES X Pulmonary thrombo-embolism NO certificate 20o ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stote) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) ((ounty) Hour am. foctory, street, office bldg., etc). Not While TO FUNERAL DIRECTOR: After ot work at work 21 I certify that (this trospital) attended the deceased fram July 2, 1967, to July 19, 1967 that (We) las July 19. 19 67, and that death accurred an 200AM, from causes and an the date stated above saw the deceased alive an 22a SIGNATURE 22b DATE SIGNED MED DIRECTOR ATTENDING STAFF July 19, 1967 M.D. director, page should be filed 22d ADDRESS 22c PHYSICIAN S Reynaldo Orjuela-Gomez, M.D. NAME (Type) 7620 York Rd., Towson, Md. 21204 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) 230 BURIAL CREMATION (Stote) (County) RECD BY REGISTRAR 256 REMOVAL (Specuty)
Burial Blen heim July 22,67 S5. Johns 24. FUNERAL DIRECTOR - Brooks Towson, Towson, Md. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09138 39140 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. funeral dead PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission). Baltimore o. STATE filled in by the fune a papers. Pages 1 o Ithin 72 haurs after d Maryland MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CTY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 Baltimore 21212 Towson d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 1441 Meridene Dr. St. Joseph Hospital YES NO [3 NAME OF Middle Last 4 DATE Month by the attending physician and completely transit permit. Then please remave, carbox cremation, ar removal, and in any event, wit DECEASED Eldridge Price Burns July (Type or pnnt) DEATH S SEX 7. MARRIED T 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR fost by theday) Months 11-16-1890 Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) Cotician COUNTRY? Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or anknown) (If yes give war ar dates at service) 197-11-6047 Mrs Hazel Burns 1441 Meridene Rd. Balto. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Acute heart failure IMMEDIATE CAUSE (o) . TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if any, which gave Atherosclerosis generalized severe rise to immediate cause (a), DUE TO stating the underlying cause (4) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? **DIRECTOR:** After this certificate has ge 3 shauld be detached far use as directar, page 3 shauld be detached far use sllauld be filed with the State Dept. af Health Anemia, microcytic and hypochromic. Secondary to G.I. Bleeding YES IK NO F 20a ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part it of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc TIME OF INJURY Month, Day, Year 2De PLACE OF INJURY (Hame, farm, 2Dd INJURY OCCURRED (City or town) (County) (State) factory, street, affice bldg., etc.) Not While at work 21. I certify that 1) (this hospital) attended the deceased from July 24, 1967, to July 24, 1967, that (1) (we) lost saw the deceased above. 1967, and that death accurred at 2 PM, from causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED X M.D DIRECTOR 22d. ADDRESS NAME (Type) Manuel S. Cockburn, M.D. 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) PITREMOVAL (Specify) July 27,1967 Loudon Park Baltimore, Maryland 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 4101 Edmondson Ave Witzke 25M 1/67

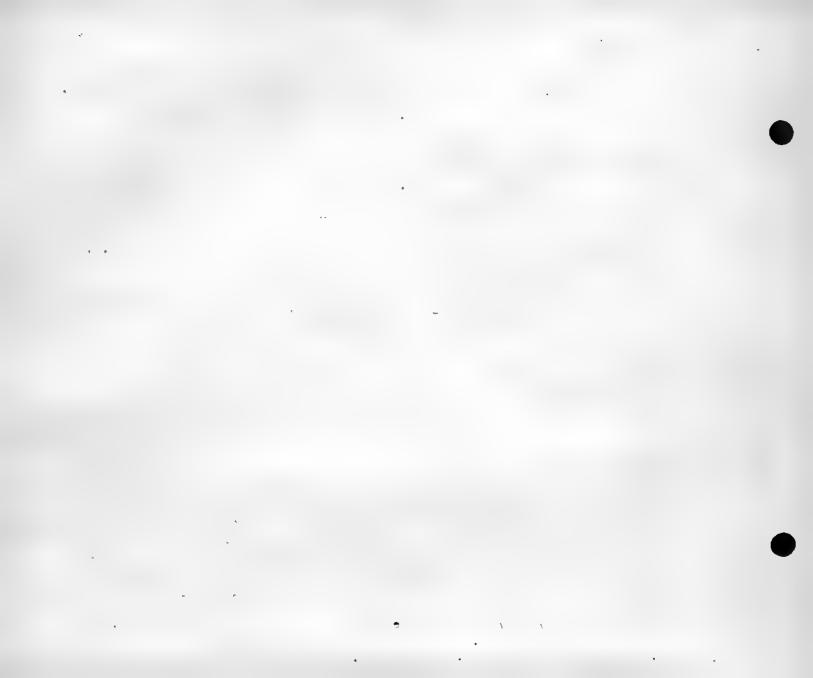


1	OS DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	ORE 1, MARYLAN
=	JS191 CERTIFICATE OF DEATH	Dalaa
1.	PLACE OF DEATH O. COUNTY 2. USUAL RESIDENCE (Whare decessed lived, It is a country of the coun	
	BAIT, MORC MARYLAND TAYULOUID, B. COOK	I T
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	RURAL and give nearest
6	15702510 is: 3 yes 2732 Baker A	treet
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS	J. 15
	- Dent nursing Home Beltimor Man	upla-na YES
3.	NAME OF DECEASED A First Middle BUTLCE Last 4. DATE Month	Day 1
	(Type of print) . Dereviced for and thirties DEATH	6
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lest birthday)	
	WIDOWED - DIVORCED - 6-12-1899 68 yes.	Months Days Hour
10 d	a. USUAL OCCUPATION (Give kind of work one during most of working) life, even if prired) 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHA
	Tallard DAHIMOR, MARY LAND	05
13	FATHER'S NAME Butler 14. MOTHER'S MAIDEN NAME BUTLER	
47	Joseph DanAter Hicc/Bulltut	
()	. WAS DECEASED EVER NU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT os, no, or unkown) (Ifyosgivawarordatasolsarvice)	- 0 -
	Mrs. Elup Caldwell 273	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL ONSET A
	IMMEDIATE CAUSE (a)	
ı	7 /X DUE TO	241
	Conditions, If eny, which gave rise to immediate cause	-0x//
	(a), stating the underlying DUE TO	
<u>_</u>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN DART I(a): 10 W/A
CATION	THE THE TENNINAL DISEASE CONDITION STATES	PE
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Itam 18.)	YES
CERTIFI	OR CONTRIBUTING [CAUSE OF DEATH 11F EITHER, NOTIFY MEDICAL EXAMINER]	
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	(County)
MEDIC	Hour a.m. While Not While factory, streat, office bldg., etc.) al work at work	
-		, 1997, that (
		nd on the date stat
	228. SIGNATURE	_
	ALLOS COMPAND ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	71
1	22c. PHYSICIAN S NAME (Type) 22d. ADDRESS	
	PHILIP DERNSTEIN	· · · · · · · · · · · · · · · · · · ·
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tow	n or county)
	BURIA 17-10-67 M. Huburn Com. Balter	
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REC	ISTRAR'S SIGNATURE
	Mission of Circuit 701 transport DATE JUL 10 1967	fiftman a ()



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09142 requires that the death certificate be executed within 24 hours after death 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COLINTY COUNTY Maryland Balto. Baltimore MARYLAND b CITY OR TOWN (f autside carparate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) write RURAL and give nearest tawn) lyr. 26dys Baltimore Maryland 2120h Catonsville d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 11h Edgewood Road Spring Grove_State_Hospital YES NO Middle 4 DATE 3 NAME OF Manth Year DECEASED July 67 H. Callender 19 (Type or print) Effie DEATH S SEX 8 DATE OF BIRTH 9 AGE (In years IE UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED 89 (in years 7 MARRIED Manths Hours Days 4-14-78 WIDOWED DIVORCED White Female 10a USUA, OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or lareign country) 12 CIT ZEN OF WHAT 10b KIND OF BUSINESS OR during mast af warking I te, even if retired) U.S. INDUSTRY New York housewife 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Emma East Isaac Hallick WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, na. or unknown) If it ves give war at dates of service) 383-09-6910 Records: Spring Grove State Hospital INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c))
PART I DEATH WAS CAUSED BY.
Pull monary buriol-tronsit DASET AND DEATH Pulmonary emboli IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause as the prior to t Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPS
PERFORMED?
YES NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 3 should be detached for use with the State Dept. of Heolth NO Bronchopneumonia 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Manth, Day, Year factory, street, affice bida, etc.) Hour am Nat While at wark at wark 1967, that (P) (we) last 2). I certify that ((this haspital) attended the deceased fram____ June o 19 67 July 5. and that death accurred at M, fram causes and an the date stated above saw the deceased alive an 22a SIGNATURE 22b DATE SIGNED STAFF PHYS 7-5-67 DIRECTOR PHYS 22d. ADDRESS Spring Grove State Hospital NAME (Type) Baltimore Maryland 21228 director, 23d LOCATION (City or Town) 23a BURIAL, (REMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (Eaunty) (State) REMOVAL (Specify) Baltimore, Md. 7/6/67 Greenmount Cremation **ADDRESS** 24. FUNERAL DIRECTOR 1050 York Rd. VR A15 (4) 20 M 1/66 Wm. Cook-Brooks Towson Inc. Towson, Md. 21204 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09142 CERTIFICATE OF DEATH 09143 **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs ofter death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore a. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16. write RURAL and give nearest town) Rural-Baltimore hl vrs. Rural- Baltimore ON A FARM?
YES NO 4 filled in I d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS papers. Brightside Road Brightside Road NAME OF Middle carban lost 4 DATE Month Year Wit Doy DECEASED (Type or print) Fitts Carev July 67 Margaret DEATH 19 6. COLOR OR RACE IF UNDER 24 HRS S. SEX 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER I YEAR lost birthdoy) Months 1-29-1898 W WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician c during most of working life, even if retired)
Housewille INDUSTRY Home COUNTRY Brooklyn, N. Y. 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME or remaval, Louise MacDonald Edwin A. Fitts 17 INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO &ddress (Yes, no, or unknown) I(If yes give wor or dates of service 215-48-8779 G. Cheston Carev Above No burial, cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate cause (o). DUF TO stating the underlying cause lost. 19. WAS AUTOPSY PERFORMED? has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO E 200 ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) Page 4 may be retained by the haspital OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INLIRY (Home form (Eity or town) (County) (Stote) NED! factory, street, office blog, etc.) Not While ot work 21. I certify that (1) (this hospital) attended the deceased fram Sept. 22, 1965 to July 10, 1967, that (1) (m) last saw the deceased alive an July 8 1967, and that death accurred at 1250 M, fram causes and an the date stated above director, page 3 shauld shauld be filed with the TO FUNERAL DIRECTOR: 22o. SIGNATURE 22b DATE SIGNED ATTENDING PHYS STAFF PHYS M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 7800 York Rd. Towson, Md. Dr. L. Myrton Gaines 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE THEREOF (County) (State) REMOVAL (Specify) Md. Druid Ridge Pikesville Balto 7 - 11 - 67Buria & Sons Co.4905 York Rd., 24. FUNERAL DIRECTOR Charles Balto Md.

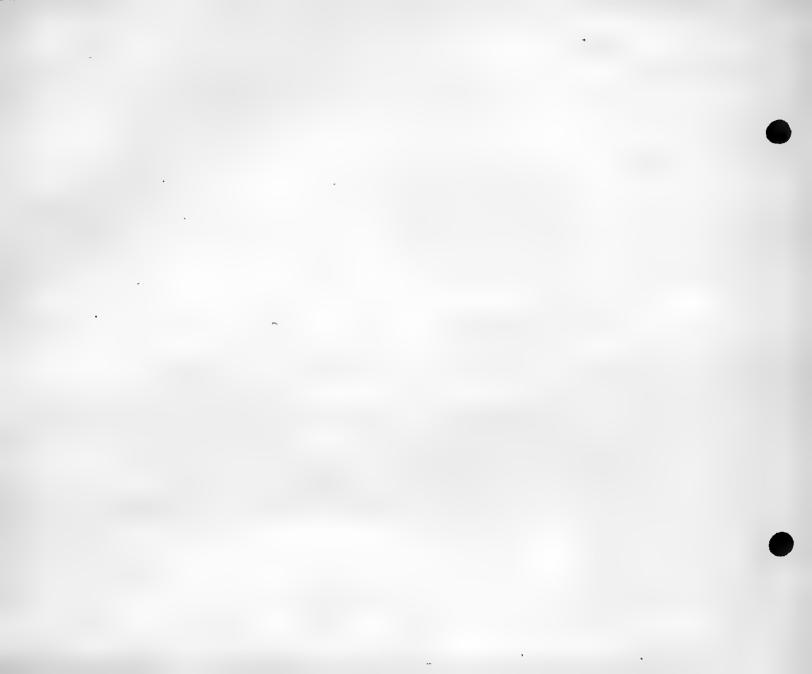


 1	MARYLAND STATE DEPARTMENT OF HEALTH
ئے بہرہے	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
a Mag	1. PLACE OF DEATH FALTIMOTE COUNTY a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY b. COUNTY
by the Pages Lirs after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
in the	d. NAME OF HOSPITAL OR INSTITUTION (if not in Application give street address) d. STREET ADDRESS 0. IS RESIDENCE
filler filler filler filler	8036 Ola Phila Rd 8036 Ola Thila Rd YES NO
within carbon carbon with the	3. NAME OF DECEASED (Type or print) Louise a Middle Calman Dear Year 1967
e e e e	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8) DATE OF BIRTH 9 AGE (In years IFUNDER 14 HOURS Months Days Hours Min. WIDOWED DIVORCED Nov. 14 1911 55 yrs.
	102. USUAL OCCUPATION (GIVE kind of work done to industry) 10b. KIND OF BUSINESS OR 11 SIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
tificat ng phy hen p noval,	13. FATHER'S MAINE (14. MOTHER'S MAIDEN NAME RUCKER)
th cer tttendii mit. T	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. UNFORMANT Address 16. SOCIAL SECURITY NO. 17. UNFORMANT Address 16. SOCIAL SECURITY NO. 17. UNFORMANT
he dea y the a sit per mation	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: C. C
that I sician. gned b al-tran	IMMEDIATE CAUSE (a)
PHYSICIAN: The law requi≡s that the death certificate be the hospital or attending physician. This certificate has been signed by the attending physician detached for use as the burial-transit permit. Then please e Dept. of Health prior to burial, cremation, or removal, and	Conditions, if any, which gave rise to immediate cause (a), stating the OUE TO Cancium or Ovary Canc
law re attendi has bu e as th	underlying cause last. (c)
	YES NO 2
PHYSICIAN: the hospital r this certifi detached fo te Dept. of H	
tage of the state	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. P.m. 19 While at work at work
ATTENDING retained by CTOR: After should be ith the Stai	21. I certify that (I) (this hospital) attended the deceased from 2/8, 1963, to 1/4, 1962, that (I) (we) las saw the deceased alive on 1/3, and that death occurred at 2 from 1963, from the causes and on the date stated above
141 € S	22a. SIGNATURE ATTENDING M.D. PHYS. MED. STAFF 7/6/67
	22c. PHYSICIAN'S SA. Alessi M.D 22d. ADDRESS
Page 4 ms TO FUNERAL director, p	239 BURIAL, CREMATION, 23b. OATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
VR A15 (4)	24. FUNERAL DIRECTOR ADDRESS
15M 4-64	

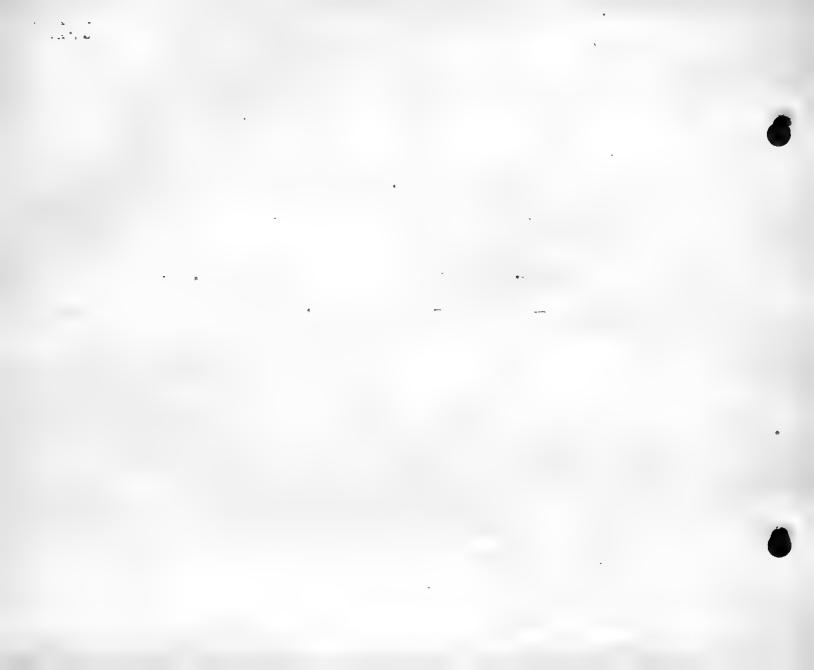


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09145 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 CCITY OR TOWN outside carporote limits, write RURAL and give nearest town) campletely filled in by the write RURAL and give nearest town) 145, 7 mo. Peusvill e. IS RESIDENCE ON A FARM? INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO 🏴 NAME OF Middle Last DATE Month Doy First Year carban DECEASED 0F 1967 DEATH SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** lost birthday) Months Hours P DIVORCED WIDOWED 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or fareign country) **COUNTRY?** during most of working life, even if retired) INDUSTRY 13 FATHER'S NAME cremation, ar remayal, the attending WAS DECEASED EVER IN U.S. ARMED FORCES? 16 &OCIAL SECURITY NO INFORMANT (Yes, no, ar unknown) (If yes give war ar dates af service) IB. CAUSE OF DEATH (Enter only one cause per line INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse the has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES 🗍 NO F TO FUNERAL DIRECTOR: After this certificate for 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctory, street, office bidg., etc.) Hour o.m. Not While 21. I certify that (I) (this haspital) attended the deceased fram be retained M, from causes and an the date stated abave and that death accurred at# saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** M.D. PHYS. director, por e should be f 22d, ADDRESS. 22c PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 7/28/67 Pikesville, Maryland Druid Ridge Cemetery 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Wm. Cook-Brooks Towson T050 York Rd. 21204

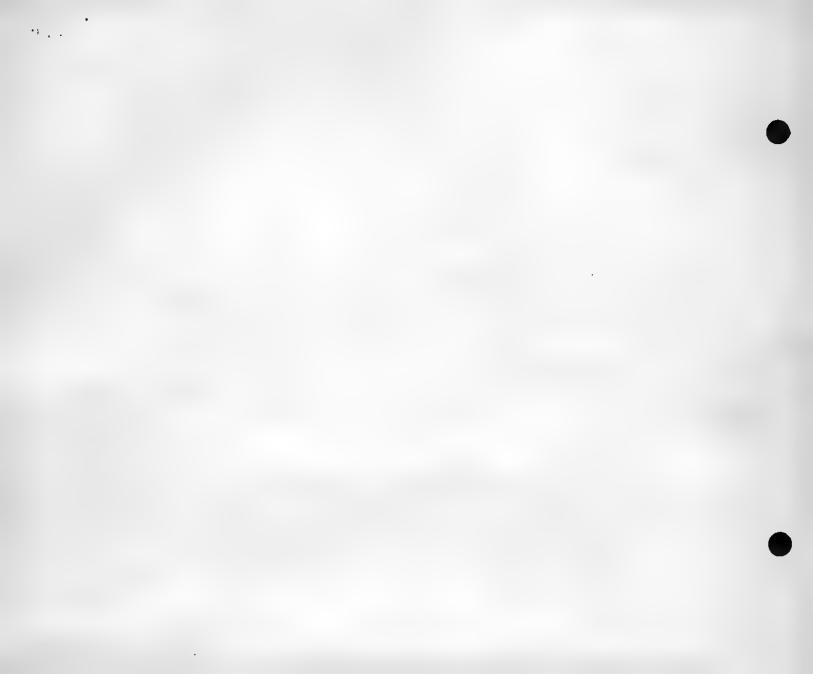
MARYLAND STATE DEPARTMENT OF HEALTH



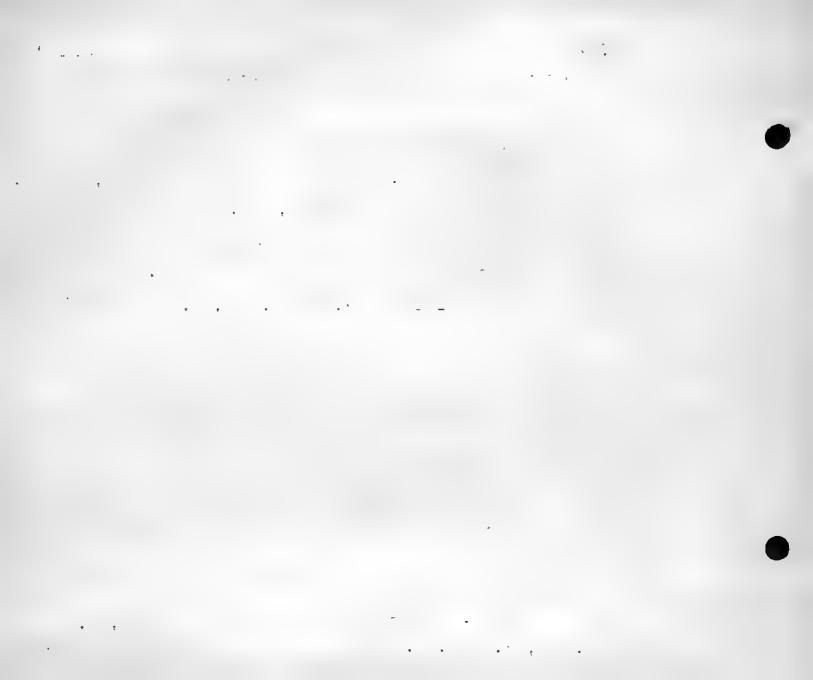
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 89146 CERTIFICATE OF DEATH 29746 The law requires that the death certificate be executed within 24 hours after death. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o. STATE **6 COUNTY** Baltimore MARYLAND Maryland C LENGTH DE STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside corparate limits, filled in by th papers. Page hin/72 hoursp write RURAL and give nearest town) Baltimore #21 236 e IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARMS filled i 4502 Fullerton Avenue YES NOTE eventyweithing St. Joseph's Hospital NAME OF Middle Last 4. DATE Manth remove carbon Day Year completely DECEASED DF (Type or print) Chandler DEATH 19 Adrian July IF UNDER 24 HRS IF JNDER I YEAR S SEX 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthday) Manths Davs Haurs and in any WIDOWED DIVORCED 50 Yrs. March 20, 1908 Male White 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) eose during most of working life even if retired)
Sheet Metal Worker USA 2 INDUSTRY attending physicion sermit. Then please Ackerman & Baynes Onancock, Virginia
MOTHER'S MAIDEN NAME 13 FATHER'S NAME cremotion, or removol, Wilbert M. Chandler Minnie C. White TS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates of service) Sue B. Chandler 4502 Fullerton Avenue 228-01-8843 No 18. CAUSE OF DEATH (finter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive heart failure. IMMEDIATE CAUSE (a) the hospital or attending physicion. 00000 bur.ol, (Arteriosclerotic cardiovascular disease. Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying couse last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CATION far use Health p YES X NO [PHYSICIAN: 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of anjury in Part I or Part II of item 18) detached for the Dept. of the OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached State Dept. c MEDICAL 20e. PLACE OF INJURY (Hame, form (City or town) (State) 20d. INJURY OCCURRED (County) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc 1 Hour o.m. Not While OR ATTENDING at wark at work 21. I certify that (A) (this haspital) attended the deceased fram July 3 1967 to July 4 , 1967, that (X) (we) los be retoined saw the deceased align on. July 4 19. 67, and that death accurred at 11:44 Priform causes and on the date stated above 22o. SIGNATURE 22b DATE SIGNED ATTENDING STAFF X July 5. 1967 DIRECTOR M.D 60 director, pogi should be file 22e DHYSTCHAN'S 22d. ADDRESS FUNERAL NAME (Type) 7620 York Rd., Towson, Md. 21204 M. S. Cockburn, N. D. 23g. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (County) Md REMOVAL (Specify) Taylor Ave Parkwood Balto July 8 1967 Cemetery 2 2Sq REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 DATEJUL 6 The Dippel Brothers Inc 7110 Belsir Road

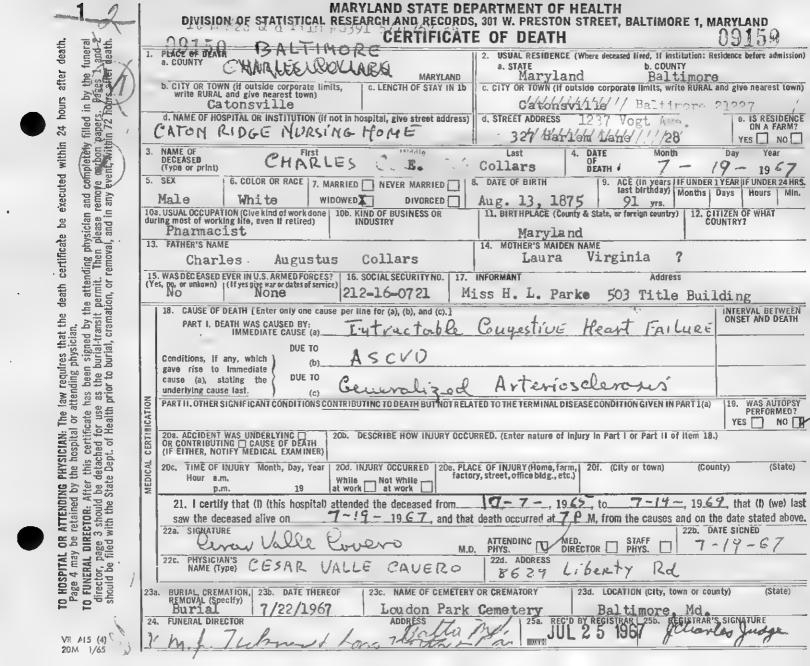


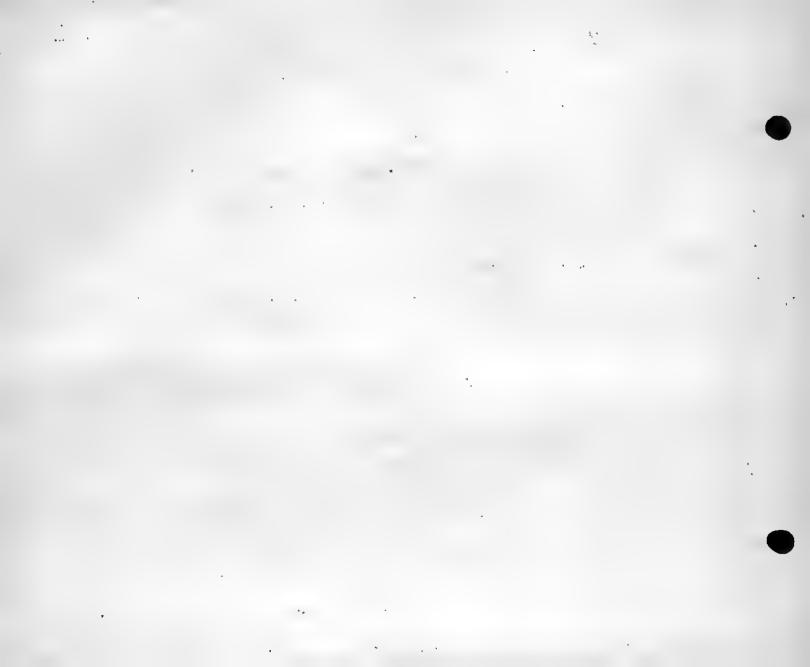
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY COUNTY TIMOR MARYLAND b. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) The law requires that the death certificate be executed within 24 hours papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RES DENCE ON A FARM? NO Z campletety to NAME OF Middle 4. DATE Lost Year DECEASED OF DEATH (Type or print) 19 (--S. SEX 6 COLOR OR RACE 9. AGE (In years 7 MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS last bitthdoy) Months Davs Hours 7-88 WIDOWED DIVORCED crematian, ar remaval, and in any 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired) INDUSTRY COUNTRY? NONE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 1S WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH (Enter only one couse per time for To), (b), and (c)) INTERVAL BETWEEN signed by the burief-transit general, cremati PART I. DEATH WAS CAUSED BY. ONSET AND DEATH orona IMMEDIATE CAUSE (6) be retained by the haspital ar attending physician. 4201 DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse the the O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS)
PERFORMED? NO Y PHYSICIAN: 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Port I at Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Doy, Year 204 INRIRY OCCURRED 20e PLACE OF INJURY (Mame, form, (City or town) (County) (Stole) Hour o.m. factory, street, office bldg., etc.) While Not While of work L at work 21 I certify that (I) (this hospital) attended the deceased fram. 1967, and that death accurred at saw the deceased alive on. from causes and an the date stated obave 220. SIGNATURE 22b DATE SIGNED ATTENDING , page 3 be filed v M.D. DIRECTOR 220 ADORESS 22c PHYS CAN Page 4 may 230 BURIAL, GREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Coecify) 2So. REC D BY REGISTRAR 256. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201-CERTIFICATE OF DEATH 09148 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o. STATE nin 72 hours after MARYLAND requires that the deoth certificate be executed within 24 hours after b CITY OR TOWN (If outside corporate limits. c CITY OR TOWN (If outside carparate limits, write RURA; and give nearest town) C. LENGTH OF STAY IN 16 write RURAL and give nearest town) more 11stown e IS RESIDENCE ON A FARM? filled in I NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) NO X NAME OF Lost Day Year DECEASED 13 1967 hen DEATH Type or print car ess/e IF UNDER IF UNDER 24 HRS. 9. AGE (In years S SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED g lost pirthdov) Hours X WIDOWED rem burial, cremation, or removol, and in on 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife COUNTRY? Home Russia 14 MOTHER S MAIDEN NAME 13. FATHER'S NAME Fruma 17. INFORMANT Address 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service No No INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY signed by the burial-tronsit p IMMEDIATE CAUSE (0) Poge 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO as the prior to b stating the underlying cause has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS' PERFORMED? director, page 3 should be detached for use should be filed with the State Dept. of Health NO (O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Horne, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. 20d INJURY OCCURRED (County) foctory, street, office bldg , etc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased fram 6and that death occurred at 1250 My from causes and an the date stated above. 19 47 saw the deceased, alive an 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Baltimore County General Hospital D. Simon 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREO 230. BURIA, CREMATION REMOVAL (Specify) Maruland Shaarei Zion Baltimore. 24. FUNERAL DIRECTOR **ADDRESS** 25o, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Milanes Judge VR A15 (4) 20 M 1/66 Sol Levinson & Brs. Inc., 6010 Reist., Rd







1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		09151 CERTIFICATE OF DEATH	09151
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aft the sages aft		b CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	I give neorest town)
by the		Fort Howard 2 days Baltimore	30.14
- 12 - 12 C	, .	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS	e IS RESIDENCE ON A FARM?
	1	Veterans Administration Hospital 1624 E. Clement Street	YES NO X
T 25		3 NAME OF F.rst Middle Last 4 DATE Month DECEASED (Type or print) CHARLIE ROBERT CONGO DEATH July	Doy Year 8 1967
ted iple rent		CEV A COLOR OF DAGE TO MARKET THE COLOR OF T	IDER I YEAR IF UNDER 24 HRS
The law requires that the death certificate be executed within attending physician. has been signed by the attending physician and campletely dill see as the burial-transit permit. Then please remave carbant the priar to burial, crematian, ar remaval, and in any event, within		Male White WIDOWED DIVORCED Oct. 10, 1923 43 ost birthdoy)	
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diginal digina		15 WAS DECEASED EVEN IN LS ADMED FORCES? 14 SOCIAL SECURITY MO. 17 INCORMANT	
dec tten srmi		Yes, no, or unknown) [If yes give wor or dotes of service] 223 26 38 39 Clinical Reds, VA Rospital, For	t Howard, Ma.
the d		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN
. T. Y #		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) RUPTURE GALL BLADDER, PROBABLE	RECENTERTH
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luire gne uria		Conditions, if any, which gave (b) (b)	
o bi bi bi		stating the underlying couse C Duc 10	
law ndin bee		lost. (c)	
he latter	3	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
IAN: The law retal are a steep of the law retal are as the far use as the far Health priar to be	7.1	ACUTE PANCREATIC NECROSIS, RECENT. PORTAL CIRRHOSIS, LIVER	YES 😿 NO
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ND Sd b Sd b Sd b Sd b		21. I certify that (1) (this haspital) attended the deceased fram 7/6/ , 19 67, ta 7/8/	19 <u>6</u> 7that (X) (we) las
Ting ding		saw the deceased alive an 7/8/ 19.67, and that death accurred at 11:45M, fram causes and a	in the date stated above b. DATE SIGNEO
R A ret		ATTENDING - MED STAFF	7/10/67
belied		224 ADDRESS	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law range 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be defached far use as the shauld be filed with the State Dept. af Health priar to	1	NAME (Type) JOHN D. TALBERT, M. D. VAH FORT HOWARD, MARYLAI	ND
CNE 4	ı	230. BUR AL CREMATION, 236 DATE THEREOF . 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
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		24 FUNERAL DIRECTOR Higinbothom Slack Funeral Home 25b. REGISTRAR 25b. REGISTRAR	
VR A15 (4) 25M 1/67		John 10 Alud . Elliott City, Mary Wid III 12 1967 fc	ianles Judge
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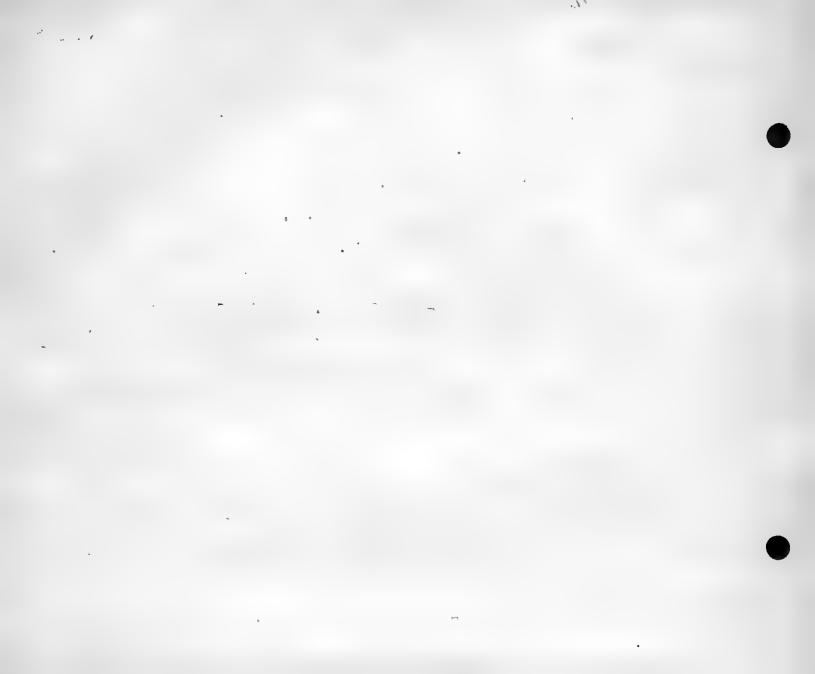


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician

09152

		0915	2		CERTIF	ICATE	OF DEATH				
		PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceased lived, I		sidence before c	dmission)
		o, COUNTY Rai	ltimore.		MAR	/LAND	o. STATE	ryland	P COUNTA	Baltimo	ore
		b. CITY OR TOWN (If outside corporate limit	\$,	C LENGTH OF STAY I	N 1b	c CITY OR TOWN (If ou				
			d give nearest tawn) Crville		10 yes	dac.	Tuth	erville		121	
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		utuel Cl			cetrack As	s'n.	Baltimore	Maryland		U.S.	A.,
	13	FATHER'S NAME					14. MOTHER'S MAIDEN	AME			
		Fre	d Conrad				May He	11			
	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO	17 II	NFORMANT		Address		
	{Ye	rs, no, or unknown) NO	(If yes give wor or dotes o	of service)	18-07-4210	Mi	rs. Catherin	ne Conrad	same as	2	
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3	TION									YES	RFORMEO?
	CERTIFICATION		UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY O	CCURRED (Enter noture of injury in	Port 1 or Port 11 of Her	n 18)		
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	-		fy that (I) (this has eceased alive on	pital) attend	the deceased	fram and that	death accurred at	90 , taM, fram		an the date	(I) (we) stated abo
1		220. SIGNATURE ZE. PHYSICIAN'S NAME (Type)	edet &		inner	L _M O	ATTENDING PHYS 22d. ADDRESS	MED SYA	FF m	b Date signed	17
- 1	230	BURIAL, CREMATIC		EREOF	23c NAME OF CEM	ETERY OR (CREMATORY	23d LOCATION (C	ity or Town)	(County)	(Stote)
1		REMOVAL (Specify Burial	July	6.1967	Dulanev	Vall	ey Cemetery	Cockeys	ville.	Marvla	nd
X	24	FUNERAL DIRECTO)R	<u> </u>	ADDRESS	W. Salesbergle	2So REC'I	BY REGISTRAR	25b REGISTRA	ARS SIGNATURE	of of British
13	1	m. Cook-	Brooks Tows	son 105	O York Ros	ad .	DATE JU	L I 0 196	yell	arces &	8



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09153 99153 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY BALTIMORE popers Pages 1 Nn 72 hours after LEVITTOWN MARYLAND c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (if outside corporate limits. E LENGTH OF STAY IN 16 write RURAL and give nearest town FORT HOWARD BALTIMORE - 21222 170 DAYS d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) e IS RES DENCE ON A FARM? d STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL 6825 ROBERTS AVENUE YES NO 🗔 NAME OF DATE First Lost Month Year DECEASED (Type or print) MARTE CONROY C. JULY 19 67 DEATH ě 6 COLOR OR RACE IF UNDER 1 YEAR IF JNDER 24 HRS 7 MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years remove birthdoy) Months Hours JUNE 24, 1920 FEMALE NEW WIND MEMPORTWILL) WIDOWED DIVORCED ond Oo USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 1Db KIND OF BUSINESS OR 12 CITIZEN OF WHAT EMPIOYMENT SECURITY ottending physician permit. Then please MAUCH CHUNK, PENNSYLVANIA U.S.A. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremotian, or removal, CLETUS EUGENE CONROY CATHERINE FREDERICK IS WAS DECEASED EVER IN .. S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (if yes give wor or dates of service) HOME, 201 07 30 13 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD 18 CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c)) INTERVAL BETWEEN signed by the burial-tronsit PART I. DEATH WAS CAUSED BY IMMED ATE CAUSE (0) BRONCHOPNEUMONIA CYSTADENOCARCINOMA RIGHT OVARY WITH burnof Conditions, if any, which gove (b) WIDESPREAD METASTASIS UNIONOWN rise to immediate couse (a), X stoting the underlying couse of Health prior to the (d) HYDRONEPHROSIS, BILATERAL UNKNOWN 05 19. WAS AUTOPSY PERFORMED? DOUGHERTY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) YES X NO 2Do ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept 2Dc TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (County) (Stote) O FUNERAL DIRECTOR: After this Haur o.m factory, street, office bldg, etc.) Not While -8 Stote (of work ot work BECK 21 | certify that (the (this haspital) attended the deceased from 1/18/67 7/7/67 19____, that (we) last 4 may be retained with the 7/7/67 and that death accurred at 8:50AM from causes and an the date stated above. saw the deceased alive an-19_____ 22n SIGNATURE 226. DATE SIGNED ATTENDING 7/7/67 director, poge 3 should be filed v M.D. DIRECTOR PHYS. 2 22d. ADDRESS 22 PHYSICIAN S MILTON GINSBERG, M. VAH FORT HOWARD, MARYLAND NAME (Type) SHIPPED BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town) (County) (Stote) REMOVAL (Specify) LEHICHTON. PENNSYLVANIA PAUL & PETER CEMETERY 24. FUNERAL DIRECTOR FUNERAL HOME VR A15 (4) ■M 1/67 257 S. CONKLING ST. BALTIMORE, MD.



09154

Jeraf and 2 to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fuderal director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, and 2 shauld be filed with the State Dept af Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. Page 4 may be retained by the haspital or attending physician.

after death

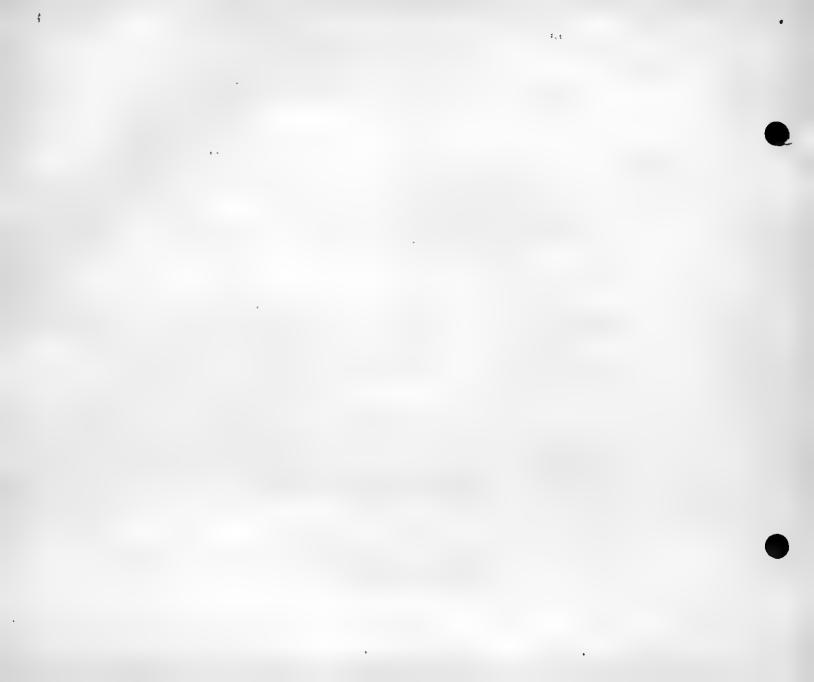
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

VR A15 (4) 25M 1/67 CERTIFICATE OF DEATH
CE OF DEATH
OUNTY

2 USUAL RESIDENCE
O. STATE

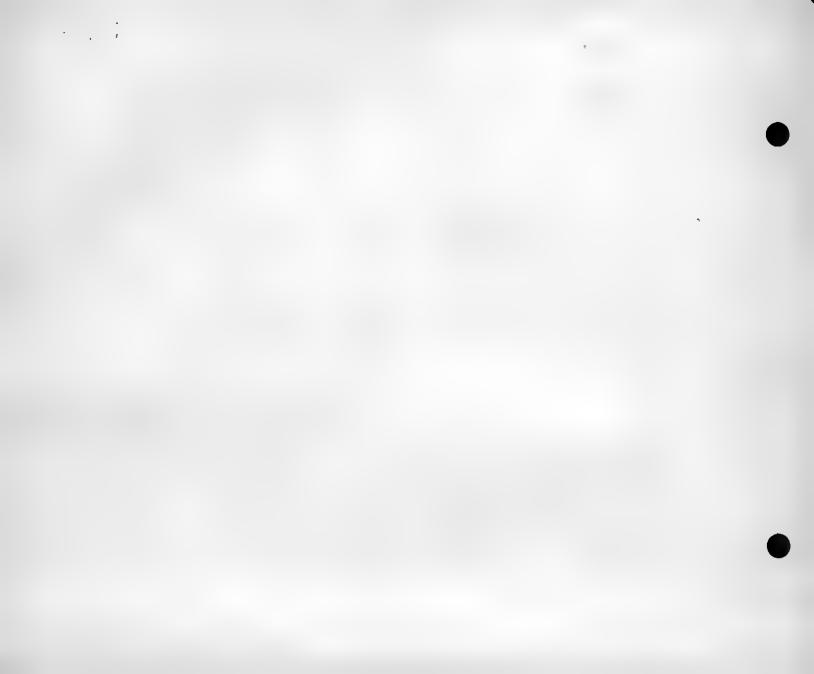
Ī	PLACE OF DEATH						SIDENCE (V	Where deceased	lived, if instituti		e before ad	mission)
	a. COUNTY B	AND	Maryland b COUNTY									
	b. CITY OR TOWN (If outside carparate limi	ts,	c. LENGTH OF STAY IN	16	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)						
		d give nearest tawn) atonsville				Baltimore						
		AL OR INSTITUTION (If a	at in haspita, s	give street address)		d. STREET AT		DC 1 C 1.111	01.0		e 15	RESIDENCE
	_Shady_N	ook Nursin	g Home			2215 A	Ashto	n St.	21223		YES	N A FARM?
3.	NAME OF	F	irs†	Middle		Last		4 DATE	Mont	h	Day	Year
	DECEASED (Type or print)		Mina			Coc	ok	OF DEATH	Jul	У	3	1967
5	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIR	RTH	9	AGE (In years			JNDER 24 HRS
I	Temale	White	WIDOWED	DIVORCED		2/26/93	3		lost birthday) 74 yrs.	Manths	Doys Ho	ours Min
		(Give kind of work dane		ND OF BUSINESS OR		11. BIRTHPLA	CE (County	& State, or fare	ign country)		ZEN OF WH	IAT
QUI	ing most of working Hou	sewife	IN	DUSTRY Retired			Mar	yland		(00	INTRY?	USA
13.	FATHER S NAME					14 MOTHER						
	Henry	Rider					Ka	atheri	ne			
15		R IN U.S. ARMED FORCES? (If yes give war ar dates		SOCIAL SECURITY NO	17 1	NFORMANT			Addre	55		
111	25, 110, 01 011KH0WIF)	(ii yes give was al dates	2	214-12-8112	Mr	. Alvi	n L.	Leroy	One Oak	Plac	e 21	.218
	18 CAUSE OF DI	ATH (Enter only one co	use per line for	(a), (b), and (c).)	n					1		A. BETWEEN
	PAKI I. DEAI	IH WAS CAUSED BY. 1MMEDIATE CAUSE	(a)	Pronch	(i) -	Ans.	umi	nea		SAG	CASEL Y	AND DEATH
	4,00		TO /	20/2.	- 1	1.	1.	0	10.	-		
	Condit ons, if ony,		(b)	Cyte no	Sect	La you	120	RECO	of dia	C 229	40	(2-1) -
	rise to immediate couse (a), Stating the underlying cause DUE TO										/	
	last.)	(c)									
z	PART II OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING 1	TO DEATH BUT NOT RELAT	ED TO T	HE TERMINAL D	DISEASE CON	IDITION GIVEN	IN PART 1(a)		19 WAS	S AUTOPSY FORMED?
, IŠ											YES [
I FIC	20a ACCIDENT WAS		20b DE	SCRIBE HOW INJURY OCC	URRED	Enter nature a	f injury in l	Port I ar Part I	It of stem 1B)			
9		CAUSE OF DEATH MEDICAL EXAMINER)										
MEDICAL CERT FICATION	20c. TIME OF INJU Hour a.r	JRY Manth, Day, Year				E OF INJURY ((City or tawn)	(Cou	nty)	(State)
ME	pr	10	While at worl		TOCTI	ary, street, office	e blag., etc)		0 1			
1	21 1 certif	fy that (I) (t his ho	s pita l) attend	ded the deceased fr	rom/	Kay		9600 , ta	July =	5 , 19 C	, that	(I) (we) las
	saw the de	eceased alive an_	Jukky	2-1967, an	id that	death acci	urred at	M,	from couses	and an th	e date st	tated above
1	22a. SIGNATURE	07.0	- 6	1	-	ATTENDING		MED _	STAFF		TE SIGNED	0/0
	10	teherve	1 yen	xl	M C	PHYS		DIRECTOR L	PHYS _	July	14119	167
,	22c. PHYSICIAN'S NAME (Type)	Wetho	w he	e FOR	+	22d ADI	NESS NESS	Stone	TUZ-	Calen	wille	25
22	l					DI ULI TODY	(V. Z. L.		Co.			15 4 - 4 - 3
23	BURIAL, CREMATIC REMOVAL (Specify	1		23c. NAME OF CEMETE					ATION (CHY or Tov		((ounty)	(State)
2	Burial I. FUNERAL DIRECTO	7/5/	67	Loudon :	Park	Cemet	ery		altimore		BLAT BLEEL	Md .
1	Houard H		/107 W	ilkens Ave.	2.	1229	DATE	L 6	1967 256	The state of the s	1	0



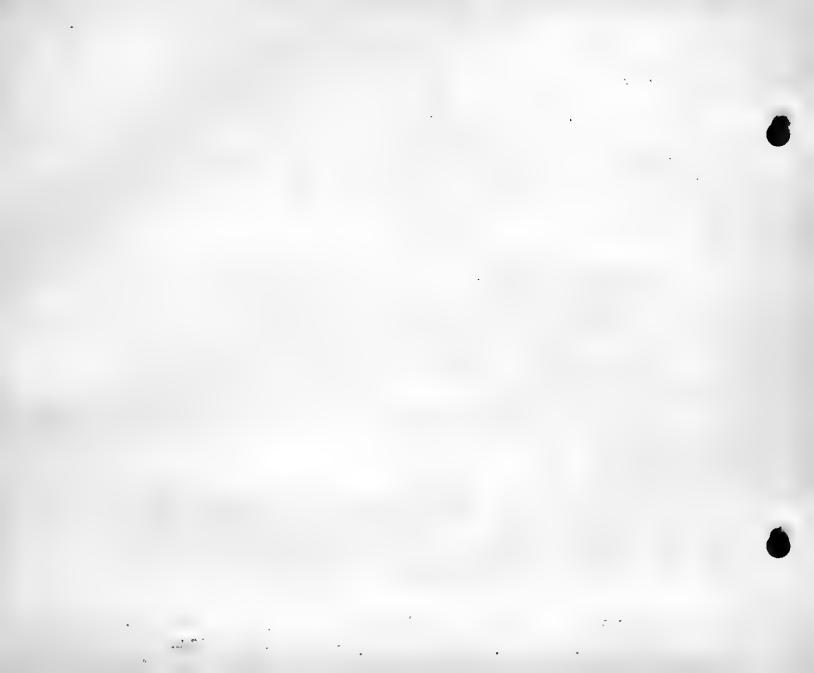
MARYLAND STATE DEPARTMENT OF HEALTH 09155 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09155 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY Baltimore Maryland Paltimore MARYLAND The law requires that the death certificate be executed within 24 hours often b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN Th 16 Days Baltimore Fort Howard popers. .⊆ d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? filled Veterans Administration Hospital 2209 Rockwell Avenue WHEIL YES NOXX NAME OF First Middle Lost 4 DATE carbon Year completely DECEASED OF DEATH WITSON CORWIN 14 or removol, and in any event, (Type or print) JULY S SEX IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (in years 67 ost birthdoy) Doys Hours Male White 1/18/1900 WIDOWED DIVORCED 1Do USUA, OCCUPATION (Give kind of work done during most of working life, even if retired) 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY **COUNTRY?** Hospital Administrator Baltimore, Maryland U.S.A. Hospitals Daniel J. Corwin Florence Wilson the ottending p 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 215-22-38-53 Clin. Rec. VA Hospital, Fort Howard, Md. buriol, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) INTERVAL BETWEEN QUSET AND DEATH PART I. DEATH WAS CAUSED BY CARDIAC ARREST IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gove (b) ACUTE HEMORRHAGIC PANCREATITIS, POST-OPERATIVE 30_HOURS rise to immediate couse (a), DUE TO stating the underlying couse (c) ANEURYSM OF ABDOMINAL ACRTA YEARS WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) YES ALXI NO 200 ACCIDENT WAS JANDERLYING IT 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, form 2Dc. TiME OF INJURY Month, Dov. Year 2Dd. INJURY OCCURRED (City or town) (County) (State) **DIRECTOR:** After this Hour to m. Not While factory, street, office bldg., etc.) of work 28 1967 , ta July 21. I certify that A) (this haspital) attended the deceased framJune saw the deceased alive an July 14 19 67, and that death accurred at 10:15 PAram causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED as hamprokar MD ATTENDING M. Graher 7/15/67 DIRECTOR 22c PHYS CIAN S 22d ADDRESS VA HOSPITAL, FORT HOWARD, MARYLAND MADHAV D. BARHANPURKAR. M.D. 23d LOCATION (City or Town) 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, (County) REMOVAL (Specify) National Cemetery 7-19-1967 Baltimore, Maryland 2 Frederick Rd. & Wade Ave UL 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Villare MacNabh Funeral Home Baltimore, Maryland



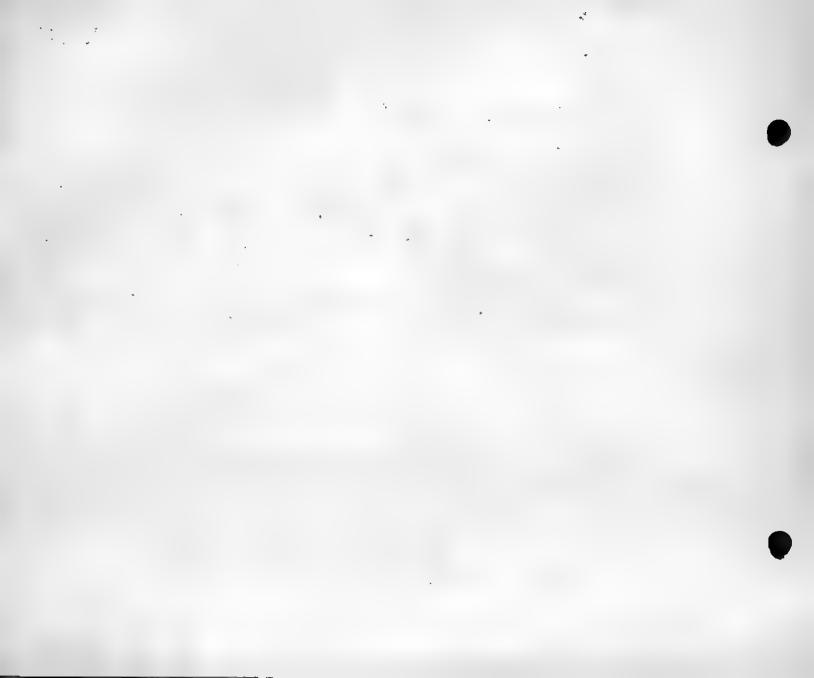
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09156 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after deat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE ely filled in by the film ban papers. Pages 1 within 72 haurs after MARYLAND b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURA, and give nearest town) write RURAL and give neorest tawn) 125V d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 6 IS RESIDENCE ON A FARM? YES NO [NAME OF Middle DATE getely Doy Year DECEASED (Type or print DEATH S SEX 6. COLOR OR RACE AGE (In years 7 MARRIED **NEVER MARRIED** last birthday) Months Days Haurs TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conditional director, page 3 should be detached for use as the burial-transit permit. Then please remainshould be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in are WIDOWED DIVORCED IDo. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** 13 FATHER'S NAME MOTHER'S MAJOEN 15 WAS DECEASED EVER IN 4.5 ARMED FORCES 16 SOCIAL SECURITY NO 17. INFORMAN (Yes, na, or unknown) (If yes give war or dates of service 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) by the hospital ar attending physician. DUE TO Canditions, if ony, which gove (b) rise to immediate cause (a). DUE TO stating the underlying couse lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20g ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, office blda, etc.) Nat While ot wark 21. I certify that (I) (this haspital) attended the deceased from be retained and that death accurred at 300 M, fram causes and an the date stated above saw the deceased alive an 22o. SIGNATURI 22b. DATE SIGNED STAFF M.D DIRECTOR PHYS PHYS 22c PHYSICIAN S 22d ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 23b DATE THEREOF LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 25a REC D BY REGISTRAR 25b VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION_OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09157 CERTIFICATE OF DEATH 09157 The low requires that the death certificate be executed within 24 hours ofter death. deg PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission) p. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maryland Baltimbre b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Baltimore less than 1 day d NAME OF HOSPITAL OR INST FUTION (If not in hospito), give street address) .⊆ d STREET ADDRESS 5277 e. IS RESIDENCE ON A FARM? filled NO T Greater Baltimore Medical Center 6701 N. Charles Street 3. NAME OF DECEASED First Middle Last 4. DATE corbon Dov Yedr (Type or print) Baby CRAFTS DEATH Boy 19 67 IF UNDER 24 HRS. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED remove lost birthdov) Months Doys Hours WIDOWED DIVORCED and in ony 7/12/67 Male 0 0 10o USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? offending physician permit. Then please Baltimore, Maryland USA 13 FATHER 5 NAME 14 MOTHER'S MAIDEN NAME burial, cremotion, or removal, Edward James Crafts Karin Christa Probst IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) I(If yes give wor or dates of service) NO Maternal History The CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH Neonatal apnea and atelectasis IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if ony, which gave Immaturity (800 gms.) rise to immed ofe couse (o), DUE TO stoting the underlying cause hos been s be detoched for use os the State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1461 19 WAS AUTOPSY PERFORMED? CATION YES 🛃 NO certificate PHYSICIAN: 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) foctory, street, office bldg., etc.) Not While of work at work 21. I certify that (1) (this haspital) attended the deceased fram-7/12 . 19 67. to 7/12 . 19 67. that (I) (we) last 7/12 19 67, and that death accurred at 6:45 M, fram causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED 7/13/67 M.D. DIRECTOR PHYS PHYS 22c PHYSIC ANS 22d ADDRESS O HOSPITAL FUNERAL director, po should be f NAME (Type) John E. Adams. M.D. Greater Baltimore Medical Center 23b DATE THEREOF 230. BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) 7/14/67 Moreland Cemetery
ADDRESS 2 Baltimore Co. Maryland Burlal DEFCTOR 25b REGISTRAR S SIGNAT 2So REC'D BY REGISTRAR VR A15 (4) Leonard J. Ruck Inc. 5305 Harford Rd. #14

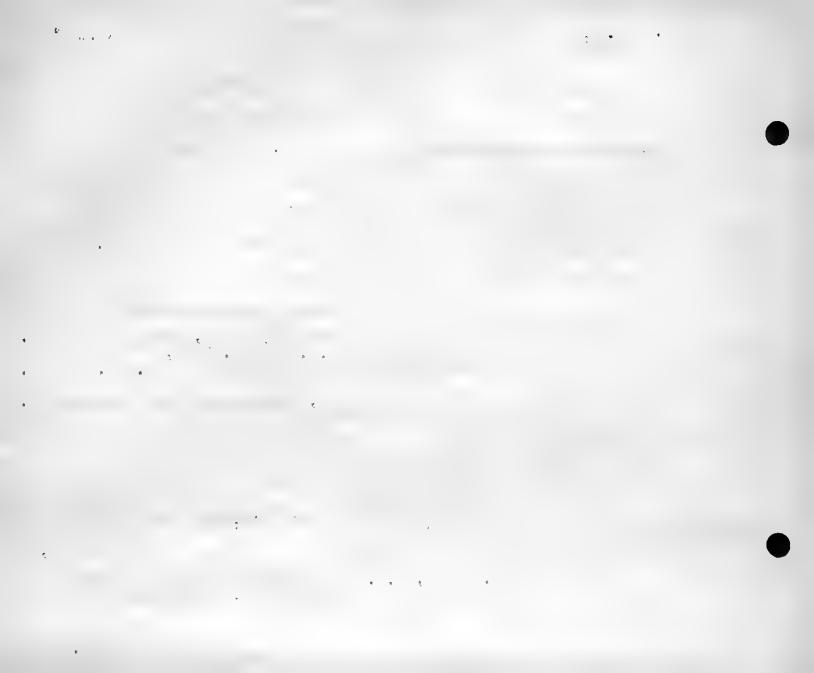


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00110 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, f institution Residence before admiss on) o COUNTY o. STATE ₽ Baltimore MARYLAND Maryland b CITY OR TOWN (If outside corporate impts, C LENGTH OF STAY IN 16 c CITY OR TOWN (If guitside corporate limits, write RURAL and give negrest town) Parkton d STREET ADDRESS e IS RESIDENCE ON A FARM farm Harris Mill Road NO D Item 18 Give Pages York Road farwarded to the Chief Medical Examiner's Office along-with. Middle 3. NAME OF 4 DATE Month Dov Year DECEASED OF DEATH (Type or print) JAMES SAMUEL CUMMINGS July 20. 19 9. AGE (n years IE UNDER 1 YEAR F UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARR ED lost birthday) Months White and in any event within 72 hours after death Male WIDOWED 10o USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 12 CITIZEN DE during most of working te, even if retired) be executed within 17 INFORMANT IB. CAUSE OF DEATH (Enter on y one couse per line for (o) (b), and (c)) burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH Aspiration of Stomach Contents complicating This certificate shauld writing the word Cerebral Injury XXXX Conditions, if ony, which gove it rise to immediate cause (o), DUF TO stoting the underlying couse lost. used 19 WAS AUTOPS'
PERFORMED? or remayal, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES X NO F 200 EXTERNAL CAUSE WAS PRIMARY COOR CONTRIBUTING COURT OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item IB) Subj. driving car ran off road and flipped over 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (County) (State) 11 4000 factory, street, office bldg, etc) Not While July 19, 67 at work Baltimore, MB 21. I certify that I taak charge of the remains described above, held on Autopsy [X], Inquiry [], and in my opinion Inspection Natural causes . Accident X death resulted fram: Suiride Ham cide Undetermined manner CHIFF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER TO FUNERAL I DEPLTY MEDICAL EXAMINER 7/20/67 Spitz, Werner Address (Street, city, town, or county) NAME (Type) (Stote) VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09159 CERTIFICATE OF DEATH 09153 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) p. COUNTY b. COUNTY Maryland Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)

Catonsville E LENGTH OF STAY IN 16 c CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) hours 26yrllmth22dys Baltimore City d. NAME DF HDSPITAL OR INSTITUTION (If not in hospita), give street oddress) d. STREET ADDRESS e IS RES DENCE ON A FARM? within 72 705 E. 22nd Street Spring Grove State Hospital YES ND 3 NAME OF 4 DATE OF DEATH Middle attending physician and completely sermit. Then please remove corban Month Doy Year DECEASED (Type or print) 1967 Curtain James July 10 and in any event, B. DATE OF BIRTH SEX 6 COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED 9 AGE (In veors NEVER MARRIED 63 vrs. Months Dovs Hours Male White WIDOWED DIVORCED 9-7-03 100 LSLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Drug store clerk
13. FATHER'S NAME Maryland 14 MOTHER'S MAIDEN NAME or removal. John Curtain Rose Stitely 15. WAS DECEASED EVER NUS ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 17 INFORMANT 16. SOCIAL SECURITY NO Address Records: Spring Grove State Hospital 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) Myocardia INTERVAL BETWEEN signed by the burnol-tronsit p 1 ONSET AND DEATH Myocardial infarction, acute, death, with previous M.I. in Feb. 1955. 41801 DUE TO Arteriosclerotic Cardiovascular Ht.dis. Conditions, 'f ony, which gove : rise to immediate couse (a), DUE TO stating the underlying couse as the last. () Arteriosclerosis, Generalized, senile PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? be detoched for use State Dept. of Health ND P none YES 200 ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour om Not While factory, street, office blog., etc.) 21. I certify that (1) (this hospital) attended the deceased from July, 18, 1910, to July 19, 19, 67that P) (we) last saw the deceased alive an July 10, 1967, and that death accurred a 2:00 M fram causes and an the date stated above. director, page 3 should should be filed with the FUNERAL DIRECTOR: 22b. DATE SIGNED 1967 July 10, 196 220 S.GNATJRE MED DIRECTOR Spring Grove State Hospital 22c. PHYSICIAN'S NAME (Type) And ho 23c NAME OF CEMETERY DR CREMATORY 23d TOCHTON (City or Town) 230. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) 9/11/67 Anatomy Board of Maryland 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE VR A15 (4) 25M 1/67



M.D.

23c NAME OF CEMETERY DR CREMATORY

PHYS.

The law requires that the death certificate be executed within 24 hours after death OR ATTENDING PHYSICIAN: TO FUNERAL DIRECTOR: After TO HOSPITAL OR ATTEND Poge 4 moy be retained director, page 3 should should be filed with the VR A15 (4) 25M 1/67

St. Marys Cemeterv Remova 24. FUNERAL DIRECTOR

236 DATE THEREDA

Anthony J. Houng,

22c PHYSICIANS NAME (Type)

230. BURIAL CREMATION.

REMOVAL (Specify)

Uniontown, Pennsylvania 2So RECD BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE

G ROVE

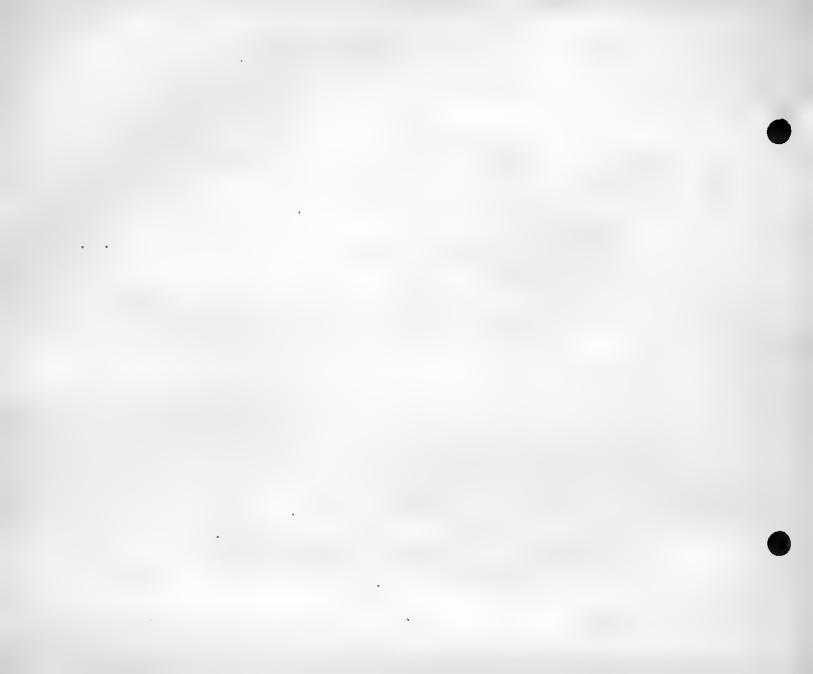
23d DCATION (City or Town)

Baltimore, Maryland 21228

STAE

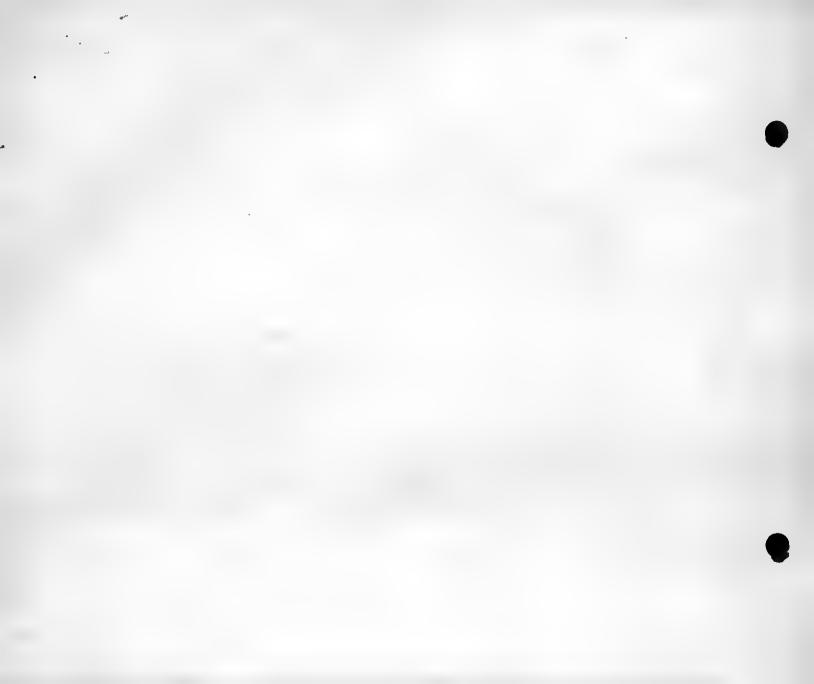
(County)

(State)



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

= (AA)		09161		CERTIFIC	ATE OF DEATH		29161
requires that the deoth certificate be executed within 24 hours ofter death i physicion. signed by the attending physician and completely filled in by the funeral burial-fransit permit. Then please remove carbon papers. Pages I long burial-transit permit. Then please remove carbon papers. Pages I long i burial, cremotion, or remand, and in any event within 24 hours after leading.		PLACE OF DEATH o. COUNTY	Baltimore	MARYLAN	II n STATE	Where deceased lived, if institution b. COL	UNITY Editions
urs ofte bages ours afre		b. CITY OR TOWN (write RURAL one	f outside corparate limits, I give nearest tawn) 1 01USON	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If o	utside carparate limits, write RU	JRAL and give nearest tawn)
filled in by thin 2 hours			AL OR INSTITUTION (If not a	hospital, give street address) Home	d STREET ADDRESS Willow A		e IS RESIDENCE ON A FARM? YES NO C
within within	3	NAME OF DECEASED (Type or pant)	First	Middle	Losi Demoseii	4. DATE MOTO OF DEATH July	nth Day Year
executed with and completely remove carbot any event	ı,	sex emale		MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH Jetober 24	9 AGE (In years	Manths Days Haurs Min
ate be exercian and a	100	ing most of working	(Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Lun Home		& State, or fareign country)	12 CIT ZEN OF WHAT COUNTRY?
th certifica ling physic Then ple remaval, a	13.	FATHER'S NAME	Cosley	W CAPT DE PORTE DAY	14 MOTHER'S MAIDEN Rebeco	NAME	The /
te deoth certificate be ex attending physician and permit. Then pleose rem on, or remaval, and in an	15 (Y-	WAS DECEASED EVE es, np; or unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates of s	16 SOCIAL SECURITY NO.	17 INFORMANT Family infor	mation Add	ress
that the d on. by the atti iransit peri cremotion,		18. CAUSE OF DE PART I DEAT	ATH (Enter only one couse H WAS CAUSED BY IMMEDIATE CAUSE (a)	per line for (a), (b), and (c).)	east Tail	lur E	INTERVAL BETWEEN ONSET AND DEATH
equires that tl physicion. signed by the burial-transit burial, cremot		4500 Conditions, if any, rise to immediat		(In Insin	scherosis		2 420
ding ding een the r to		stating the under				******	
or of the house of	CATION	PART II OTHER SI	GNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED	D TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	PERFORMED? YES NO
是 直接表定	L CERTIFICATION	20o ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY		20b DESCRIBE HOW INJURY OCCU	RRED (Enter nature of injury in	Part 1 or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJU Hour out pa	3.0	20d INJURY OCCURRED While Nat While at work at work	e PLACE OF INJURY (Hame, far factary, street, affice bidg, etc	1 - 1.0	(Caunty) (Stote)
ATTENDING stoined by t CTOR: After should be d iff the State		saw the de		ral) oftended the deceased fra	m	1962 to Muly M, fram cayses	23, 1961, that (I) (we) last and an the date stated above.
~ <u>~ m</u> ≈ ≥	ı	220 SIGNATURE 22c. PHYSICIAN S	ureuse J.	Toch	M D ATTENDING PHYS 22d. ADDRESS	MED STAFF DIRECTOR PHYS.	226 DAJE SIGNED /67
SPITAL 4 moy IIIRAL or, pag d be fi	00	NAME (Type)	7/1/2/			294 10027100 (0	P (Frank) (Frank)
Page -		BUR AL, CREMAT O REMOVAL (Specify LIVEL A. 1. FUNERAL DIRECTO	July 26		"ethodist (em.		le, Akryland. REGISTERAR S SIGNATURED
VR A15 (4) 25M 1/67	1	Tolon 'sun		wan Jandand	DATE	UL 3 1 1967°	fillarles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00168 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) The law requires that the death certificate be executed within 24 hours after de a. COUNTY b. COUNTY HimoRe haursafter MARY! AND b. CITY OR TOWN (14 autside carparate limits, c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 write RURAL and give nearest town) timore Baltimo Re = d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARMS filled BELNOE Medical NO 🔀 NAME OF Middie 4. DATE Month DECEASED OF DEATH AGNes er NOTA (Type or print) 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED D Vegrs berthday) Female. Cru: WIDOWED DIVORCED 12 CIT ZEN OF WHAT COUNTRY? 10a USUA, OCCL PAT ON (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) duting most of work ng life, even if retired)

He me mall ele 13 FATHER'S NAME 14. MOTHER'S MAJOEN NAME ar removal, QURSKI UNKNOWN 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war at dates at service) 16. SOCIAL SECURITY NO. 17. INFORMANT Lorraine 211-51-6895 Daughter. crematian, 18 CAUSE OF DEATH (Enter only one cause per une for (o), (b), and (c), signed by the burial-transit p PART 1 OEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND DEATH **DUE TO** Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. TO ON GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? 20a ACCIDENT WAS JNDERLYING 201 OESCRIBE HOW INJURY OCCURRED (Enter nature of indiry in Part) | or Part II of item OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or fewn) (County) (State) Hour 'o.m. Nat While factory, street, affice bldg., etc.) at wark 6-14 19 67, to . 1967 that (I) (we) lost 21. I certify that (I) (this hospital) ottended the deceased from 7-2 sow the deceased alive an 3-21967, and that death accurred of \$2.30 M, from couses and on the date stated above. 22a SIGNATURE 22b. DATE SIGNED 22d ADDRESS O HOSPITAL NAME (Type) ater director, shauld 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 230 BUR AL CREMATION, (County) BUTTA (Specify) July 5, 1967 St. Stanislaus Cemetery Baltimore, Maryland 24. FUNERAL DIRECTOR ADDRESS 2So REC'D BY REGISTRAR John J. Duda Inc. 2829 Hudson St. Balto. Md.

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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1MA	ARYLAND
	00162 CERTIFICATE DE DEATH	163
	1. PLACE OF OEATH I TOTAL AND THE CONTROL OF THE PLACE OF OEATH I TOTAL AND THE CONTROL OF THE PLACE OF OEATH I TOTAL AND THE CONTROL OF THE PLACE OF OEATH I TOTAL AND THE CONTROL OF THE PLACE OF OEATH I TOTAL AND THE CONTROL OF THE PLACE OF OEATH I TOTAL AND THE CONTROL OF THE PLACE OF OEATH I TOTAL AND THE CONTROL OF THE PLACE OF OEATH I TOTAL AND THE CONTROL OF THE PLACE OF OEATH I TOTAL AND THE CONTROL OF THE PLACE OF THE PLAC	idence before admission)
1	a. COUNTY BALTIMORE COUNTY Greater Baltimore Medical CentermaryLand Ba. STATE b. COUNTY Ba. STATE b. COUNTY Ba. STATE	lto.
1	b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL at	
I	write RURAL and give nearest town) Baltimore, Maryland Towson, Maryland	~ .
ł	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 600 E. Joppa Road	e. IS RESIDENCE
l	Greater Baltimore Medical Center 6701/Not/16/John 16/John	ON A FARM?
ŀ	3. NAME OF First Middle Last 14. OATE Month	Oay Year
ĺ	DECEASED (Type or print) BABY GIRL DERR OF THE TOTAL THE	21 19 67
ľ	5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years If UNDER 1. last birthday) Months 1 0	YEAR IF UNDER 24 HRS.
١	Female Cauc. WIDOWED DIVORCED 7/20/67 0 yrs.	
ľ	10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR during most of working life, even if retired) INOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITI	IZEN OF WHAT
ı	Baltimore, Maryland	U.S.A.
l	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ı	Richard E. Derr Sharon Lee Bogema	***
ŀ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	
ļ	from chart	
ŀ	18. CAUSE OF OEATH [Fater only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND GEATH
1	PART I. OEATH WAS CAUSEO BY: Respiratory arrest	
	DUE TO	
1	Conditions, If any, which (b) Hyaline membrane disease	
I	cause (a), stating the DUE TO underlying cause last. Premature birth-low weight	
l		119. WAS AUTOPSY
l	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
ı	20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	7 () ()
ı	20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1 of Item 18.) OR CONTRIBUTING CAUSE OF ORATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		ty) (State)
	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work	
Ī		. that (I) (we) last
	saw the deceased alive on 7/21/1967, and that death occurred at 6:000 from the causes and on the	e date stated above.
l	ATTENDING MED ATTE	TE SICNED
ı	A. M. Larch W. J. A. M.D. PHYS. ORECTOR PHYS. X	/21/67
ł	22c. PHYSICIAN'S NAME (Type)	
	Alan M. Davick, M. D.	ty) (State)
	23a. BURIAL GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun REMOVAL (Specify) 7/24/67 Greater Balto. Med. Center Towson, Mary 13	
	Cremation 7/24/67 Greater Balto. Med. Center Towson, Mary 12 24. FUNERAL DIRECTOR ADDRESS 25a. REG'O BY REGISTRAR 25b. REGISTRAR'S 1111 2 6 1967	SIGNATURE
	John E. Adams, M. D. GBMC John Z. John DATE JUL 2 6 1967 generale	s Judge
	TOTAL	



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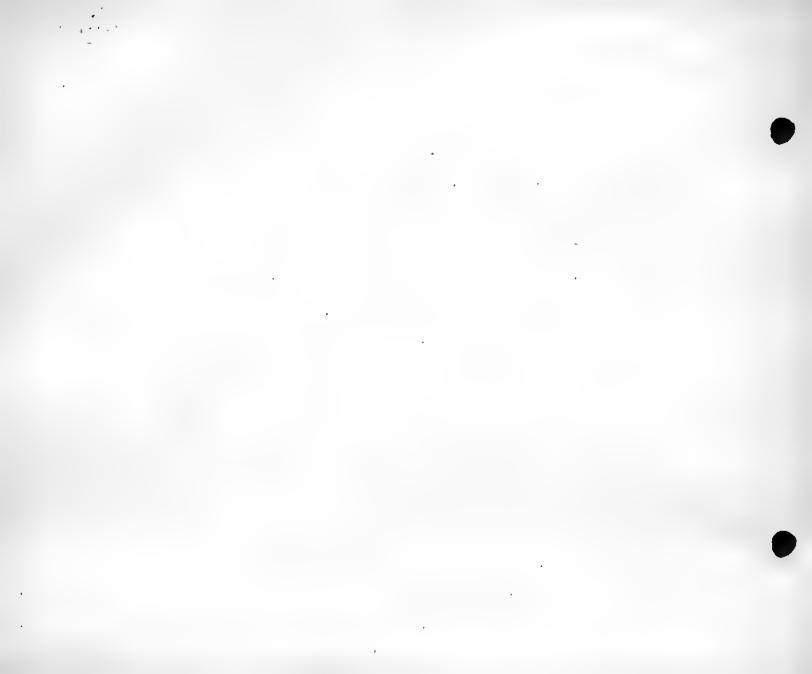
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 39165 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution, Residence before admission) 2, and 3 ta PM3. Page o COUNTY o STATE b COUNTY BALTIMORE MARYLAND .º .º BALTIMORE MARY_AND delay dea b (ITY OR TOWN (f outside corporate limits, write RURAL and give nearest tawn)
ARBUTUS partmen c LENGTH OF STAY IN 1b c CITY OR TOWN (floutside carparate i m ts, write RURAL and give nearest town) after ARBUTUS d NAME OF HOSPITA, OR INSTITUTION (If not in hospito, give street address) d STREET ADDRESS e IS RES DENC Deg haurs ON A FARM? 21227 5118 SHELBOURNE ROAD Give Pages ate 5118 SHELBOURNE ROAD YES 🗍 NO 30 24 haurs after death Office alang with 3 NAME OF Middle 4 DATE , ast Month Doy Year DECEASED OF EDWIN 无无法还是 DORSEY JULY 25, H. 1967 DEATH IF UNDER 1 YEAR S SEX 6 COLOR OR RACI DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost_birthdoy) Months 3 Hours Item 18 MALE WHITE 7/30/96 WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even tretired)
Freight Handler INDUSTRY COUNTRY? Retired In any Maryland USA .= Examiner's bages 13 FATHER S NAME pencil 14 MOTHER'S MAIDEN NAME This certificate shauld be executed within Harry C. Dorsey Annie Lee Francis pup E 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address 21227 rd "pending" m Chief Medical (permit. (Yes, no, or unknown) (If yes give wor or dates of service) remayal. 220-12-8284 Mr. Norman Gaither, 5118 Shelbourne Rd. No NTERVAL BETWEEN CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY Б IMMEDIATE CAUSE (a) e, writing the ward forwarded to the Ci crematian, DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse D 95 burial, used PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? CERT FICATION please execute the certificate, NO YES agent, prior ta 20n EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter notice of injury in Port 1 or Part II of term 18) shauld PRIMARY - or CONTRIBUTING -EDICAL EXAMINER: CAUSE OF DEATH 20c T ME OF INJURY Month, Day, Year 20d INLURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour om foctory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page ot work ot work designated 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 🔀 Inquiry [and in my apinian Suscide X death resulted fram Natural causes Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral 7/26/67 OEPUTY MEDICAL EXAMINER 12 5 **EXAMINER'S** 1311 FRANCIS AVE. O FUNE Health FREDERICK Address (Street, city, town, or county) NAME (Type) JAMES 230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial 7/29/67 Mt. Olivet Cemetery Baltimore. Md. 24 FUNERAL DIRECTOR **ADDRESS** _2Sb_REGISTRAR S_SIGNATURE WILKENS AVE. 21229 VR A15ME (5) HOWARD H. HUBBARD 4107 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



1. PLACE OF DE	ATH			2. USUAL	RESIDENCE (V	Vhare daceased live	ed, If institution: Res
a. COUNTY	and the s			e. STATE		Ь. (COUNTY
b. CITY OR TO	Baltimo		MARYLAN		Marylan		Ball, write RURAL and g
write RURA!	L and give nearest town)	,					, with a RORAL wild g
d. NAME OF H	ebbville	N (if not in ho	Folial, give street eddress)		Hebbyil raddress	.le	
						abrea a a	A
3. NAME OF DECEASED	LEO KICHW	ood _Av	Widdle	Last		Chwood	Avenue
(Type or print)	OD.	TIP		DO		OF DEATH	7
S. SEX	16. COLOR OR RA	CE 7 MADDIE	HARRIET	DO DATE OF BIR	£ 9	19. AGE (In	Years IF UNDER 1 YE
Female	White	WIDOWI		1/25/	1894	lest birth	day) Months Da
10a. USUAL OCCI	UPATION (Give kind of a	vork I 10h. K	IND OF BUSINESS OR INDE	USTRY 11. BIRTHP		State, or foreign cor	untry) 12. CITIZE
Housew	of working life, even if re	rtirad)				Marylan	
13. FATHER'S NAM					'S MAIDEN NAM		<u>u</u> 1 0•
Daniel	Bortner				Lena E	Bensel	
15. WAS DECEASE	D EVER IN U.S. ARMED	OR CE 57 16.	SOCIAL SECURITY NO. 1	7. INFORMANT			ddress
NO .	n) (Ifyasgivewarordates	ofservice)	9-10-1475	Mrs. Mu	riel Mo	ore 312	O Richwo
IB. CAUSE	OF DEATH Enter only	one cause per					
PART I. I	DEATH WAS CAUSED BY IMMEDIATE CAUSE	1 /	Ure Fine	- 0 . 0	1.1 77	11 Buch	roses
			70000	orone	cy ja	- co rec	1020
			and C	orone	J / "		
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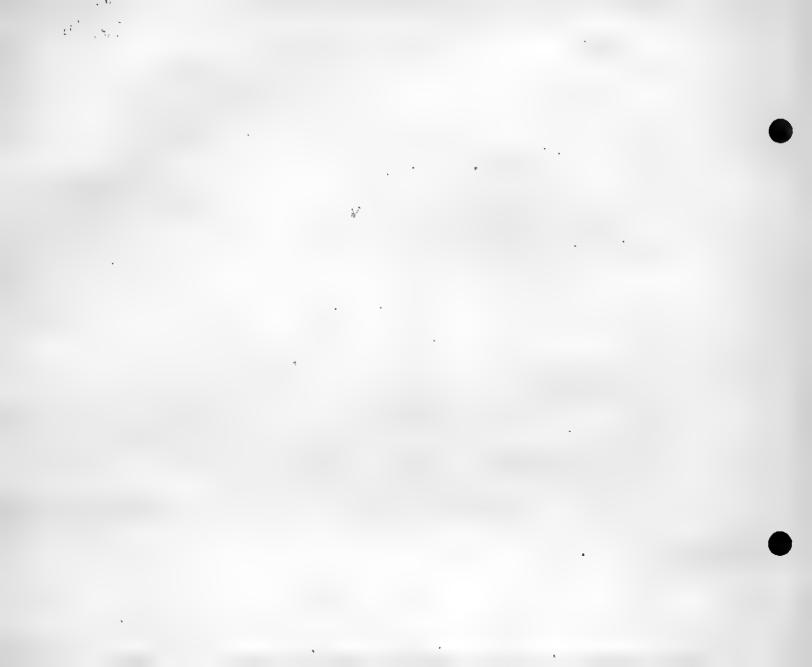
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. death. U 10 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY erely filled in by the fu bon papers., Pages, I within 72 hours after after Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town nours Pikesville Pikesville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 Colonial Rd Colonial 4107 NO. YES executed within completely ve carbon event, with NAME OF Э. First Middle DATE Month Day Last Year DECEASED OF DRAGON RICHARD J. (Type or print) DEATH JULY .1967 19 5. SEX 6. COLOR OR RACE /3/479. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) | Months and геше г Hours Male White 20 WIDOWED OLYORGED attending physician are ermit. Then please re-in, or removal, and in a 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe pe during most of working life, even if retired) School COUNTRY? Student Baltimore USA certificate 13. FATHER'S NAME MDTHER'S MAIDEN NAME Robert Dragon Silberman Sonia 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attend transit permit. cremation, or n Address 16. SDCIAL SECURITY NO. 17. INFORMANT death (Yes, no, or unkown) | (If yes give war or dates of service) Robert Dragon--Same in signed by the burial-transit is burlal, cremati 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN requires that the ONSET AND GEATH PART I. OEATH WAS CAUSED BY: INSUFF OR ATTENDING PHYSICIAN: The law requires that ti be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) OUE TO ENLARGEMEN Conditions, if any, which Page 4 may be retained by the hospital or attending I TO FUNERAL DIRECTOR. After this certificate has been director, page 3 should be detached for use as the bi should be filed with the State Dept. of Health prior to b gave rise to immediate DUE TO DILATATION - AND RUPTURE cause (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? YES NO [20a, ACCIDENT WAS UNCERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from MA 1454 that (I) (we) last and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE DATE SIGNED ATTENDING M.O. DIRECTOR PHYS PHYS. 22c. PHYSICIAN'S **ADDRESS** 22d. NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) Oheb Shalom Cong RIAL 7/30/67 REC'O BY REGISTRA FUNERAL DIRECTOR 25a. SIGNATURE VR A15 (4) BROS INC. 6010 Reist Rd. 15M 4-64



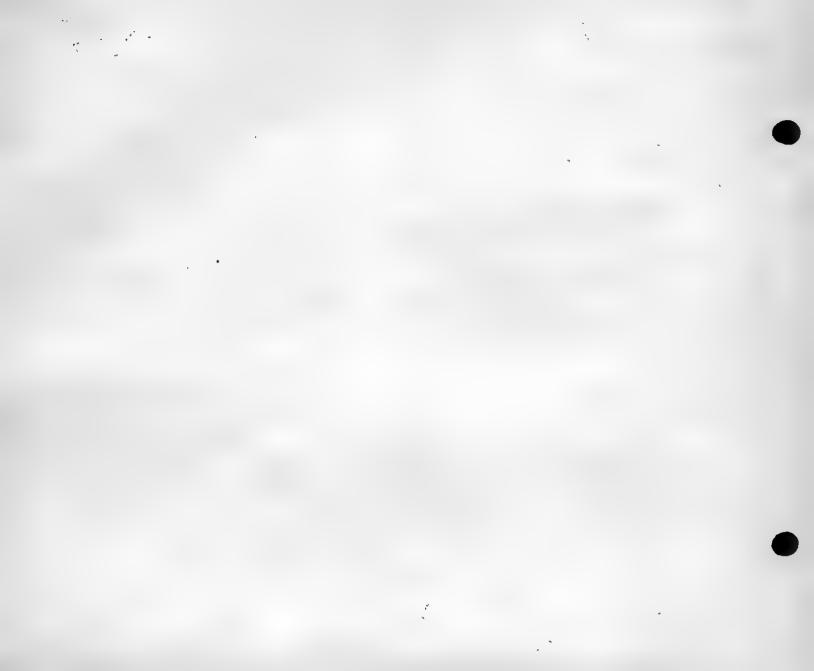
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09188 19168 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission o COUNTY a STATE b COUNTY Page 2 Department of Raltimore MARYLAND Maryland ny delay 3 b. CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) and PM3 Baltimore Woodlawn a NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE form 65 ON A FARM? 1716 Eutaw in Item 18. Give Pages Baltimore County General Hospital YES NO F haurs after death WITH NAME OF Eirst Lost DATE Dov Year DECEASED OF DEATH (Type or print) XXIMBO July. 22 1967 VTRGTNTA be forwarded to the Chief Medical Examiner's Office along S. SEX AGE (In years IF ... NDFR 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARR ED NEVER MARRIED lost birthdoy) Months Dovs Hours 72 hours after death WIDOWED DIVORCED T Jan 9, 1921 : 46 pages land2 Female Colored 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY be executed within 24 North Carolina Checker Store pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Smith Corring Evans .≡ IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service "pending" within Bettie Peace 310 Jones Street IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH and in any event Rheumatic_Heart_Disease IMMEDIATE CAUSE (o) This certificate should writing the ward 41101 DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse Ö ds lost. be used WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) remayal, CERTIFICATION the cc tificate, YES 🕏 NO 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 3 shauld PR MARY I OF CONTRIBUTING I should I JD MEDICAL EXAMINER: CAUSE OF DEATH files. cremation, MEDICAL 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page of work please execute at work 21. I certify that I took charge of the remains described above, held an Autopsy K Inspection . Inquiry. and in my ap n on death resulted from Notural causes X Accident [Suicide funeral directar Hamicide Undetermined manner may be retained CHIEF MEDICAL EXAMINER ACTUAL 5 may be reto TO FUNERAL D Heafth prior t 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) Russell S. July 22. Fisher NAME OF CEMETERY OR CREMATORY the 230 BURIAL CREMATION 23d LOCATION (City or Town) REMOVAL (Specify)
Burial 7-26-67 Arbutus Mem. Pk Arbutus. Maryland 250 RECD BY REGISTRAS 67 24 FUNERAL DIRECTOR VR A15ME (5) 6M 1/67 Arlington S. Phillips 1727 N. Monroe Street



1 1		MARYLAND STATE DEPARTMENT OF HEALTH RCH AND RECORDS, 301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201
. 2:	09169	CERTIFICATE OF DEATH	09159
24 hours affer death, and by the tungal beg. Pages - Fond 2	PLACE OF DEATH o. COUNTY Baltimore County b CITY OR TOWN (if outside corporate limits, write RURAL ond give nearest town) Mount Wilson d NAME OF HOSPITAL OR INSTITUTION (If not in hospital g	MARYLAND o STATE o	b. COUNTY b. COU
ecuted within 'completely file	Mount Wilson State Ho 3. NAME OF DECEASED (Type or print) S. SEX (100 OR RACE) 6. COLOR OR RACE 7. MARRIED	FTON DUKE 4. DATE OF BIRTH 9	Month Doy Year 25 19 67 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS) Age burthday) Months Doys Hours Min.
ertificate be executed physician and comple nen please remove ca oval, and in any even	100 USUAL OCCUPATION (Give kind of work done 10b. KIN	DIVORCED 2	reign country) 12. CITIZEN OF WHAT COUNTRY? A
the death cert e attending pl permit. Ther ition, or remov	(Yes, no or unknown) (If yes give wor or dotes of service) *8. CAUSE OF DEATH (Enter only one couse per line for		PARKER Address Vilson State Hospita INTERVAL BETWEEN ONSET AND DEATH
AN: The law requires that the death certificate be executed within 24 hours of or attending physician. It is a property of the attending physician and completely fuled in by for use as the burial-transit permit. Then please remove carbor pages. Health prior to burial, cremation, or removal, and in any event, within 25 hours.	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if ony, which gove nise to immediate couse (a), stating the underlying couse lost. (b)	advanced fulume tubercu	louis 3 ylar
	200 ACCIDENT WAS UNDERLYING COMPANY OF CONTRIBUTING COLORS OF DEATH	GO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	AEZ NO L
PHYS the hos this ce letache	= (i arrival) representation	ded the deceased from U. 11 , 19 46,	(City or town) (County) (State)
6 2 2 6	saw the deceased alive an 7.24 220. SIGNATURE 221. PHYSICIAN'S	M.D. ATTENDING MED. DIRECTOR	fram causes and an the date stated above STAFF 22b. DATE SIGNED 7.25.6
O HOSPITAL OF Page 4 may be O FUNERAL DIR director, page 3 should be filed	ALALIE AW S	uperintendent Mount Wils 1 23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery Sug	OCATION (City or Town) (County) (State)
VR A15 (4) 20 M 1/66	24. FUNERAL DIRECTOR	Baltimore, Md. DATE JUL 2	6 1967 GEGISTRAR'S SIGNATURE



1 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	ALIANIA A
FOR STATE	19170 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	317U
HEALTH DEPT.	1. PLACE OF DEATH 11 2. USUAL RESIDENCE (Where deceased lived, 11 Institution: Resi	idence before admission)
	8. COUNTY b. COUNTY	IMORE
i to the funeral age 5 may be need the funeral age 5 may be the Department is after death.	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL at	nd give nearest town)
letay is necessary, and 3 to the funeral Page 5 may be State Department hours after death.	DUNDALL 37 DUNDALL 21-	22
s after ber s after con a second	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
@ CP 0 19 3	2638 LIBERTY YAKKWAT OGST LIBERT YNWI	Day Year
10 mm	3. NAME OF First Middle Last 4. DATE Month OF OF OF DEATH JULY 4	1967
	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDERLY)	YEAR IF UNDER 24 HRS.
for fort	MALE CAUDASIBA) WIDOWED DIVORCED JUNE 5, 1905 62 yrs. Months D	ays Hours Min.
dea e Pa vith and vent,	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CIT COU	IZEN OF WHAT
after Giv ng v s 1 ny e	FLANGER STEEL MILL YENNSYLVANIA U.	5.A.
ours after death m 18. Give Pag e along with f pages 1 and 7	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME 18. MOTHER'S MAIDEN NAME	
14 ho Herm Office and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	5 (1)
This certificate should be executed within 24 hours after death. If the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1. should be forwarded to the Chief Medical Examiner's Office along with form riles. To should be used as a burial-transit permit. File pages 1 and 2 with designated agent, prior to burial, cremation, or removal, and in any event within	(Yes, no. or unknown) (If yes give war or dates of service)	2
within 2 pencil in miner's 0 permit. I	18. CAUSE OF DEATH [Enter only one cause per line (r (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
in l Exam Sit p or r	PART I. DEATH WAS CAUSED BY:	OHSEL AND PEATH
uld be executed 1 "pending" in ef Medical Exar a burial-transit cremation, or	TOUETO PS-11- DISONES	-
be e pend Aedid uriak emat	gave rise to immediate	
a bi	cause (a), stating the underlying cause last. Cc.	
ficate short the work of the Chiral as a used as to burtal.		19. WAS AUTOPSY PERFORMED 1
ficate the the used to but	A licent	YES NO
R: This certificate, writing forwarded to 3 should be a agent, prior t	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) CAUSE OF DEATH.	1
wri wri vard vard nucle		ity) (State)
fory fory age	Hour a.m. While Not While factory, street, office bidg., etc.)	
LEXAMINE THE CERTIFICATION OF SHOULD BE FILES. TOR: Page designated the signated the signature of the sign	p.m. 19 at work	and in my opinion
EXAL Exal Shoutes files. OR: P	death resulted from: Natural causes 1. Accident , Suicide , Homicide , Undetermined manner	
	CHIEF MEDICAL EXAMINER	22. DATE SLEÄED
FY MEDIU execute Page of for your TAL DIRE	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	2/5/-
TTY COX	EXAMINER'S MB DAVIS MD - 6800 AND SENTER SOFT COUNTY - 22	22-
TO DEPUTY MISSING PASSES EXECTOR. Paretained for TO FUNERAL OF Health or	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or countries)	ity) (State)
5 2 2 5 2	BURIAL IIIIII OHKKHIUN BACIO.	SIGNATURE
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3500 4-64	W. Darte Madley 1 Dudble, 124 DATE 0 1 1301 granes	2 Junger



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 39171 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 15 outside corporate limits, write RURAL and give nearest fown] CITY OR TOWN (IF and give negrest town) OWSON TOWSON e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INST.TUTION (If not in haspital, give street address) d STREET ADDRESS YES NO 🔫 NAME OF First Last DATE DOY Year DECEASED OF DEATH 19 Cc. (Type or print) IF JINDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years (ast birthday) Months Days Haurs WIDOWED DIVORCED and in any and 12 CT ZEN OF WHAT 10b KIND OF BUSINESS OR OCCUPATION (Give kind of work done COUNTRY J. A during most of working the, even if retired)
RETIRED SALESMI PRUNUENTIAL SALESMAN MOTHER'S MAIDEN NAM burial-transit permit. Then p burial, crematian, ar remaval, ABET SOCIAL SECURITY NO. LIANAddress A, 17. INFORMANI (Yes, na, ar unknown) (If yes give wor or dates of service) 4-03-3013 NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO signed ! Conditions, if any, which gave (b) use to immediate cause (a), DUE TO stoting the underlying couse as the ar attending has been WAS AUTOPS' PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Health NO this certificate 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 5 or Port 11 of item 18) OR CONTR BUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (Caunty) Hour to m. factory, street, office bldg., etc) While Not While at wark 1967 to 7.6. 21. I certify that At (this haspital) attended the deceased fram. be retained 19 67 and that death accurred at 12-104M, fram causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an 226 DATE SIGNED 220 SIGNATURE STAFF 7.6.67 DIRECTOR M.D. director, page should be filed 22d ADDRESS 22c, PHYSICIAN'S Dipak K. Mattik Greater Balto. Medical Center NAME (Type) 235 DATE THEREOF 23s NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 230 BURIAL CREMATION. (State) REMOVAL (Specify) Buria Loudon Park 24 FUNERAL DIRECTOR 2Sa REC'D BY REGISTRAI DATE

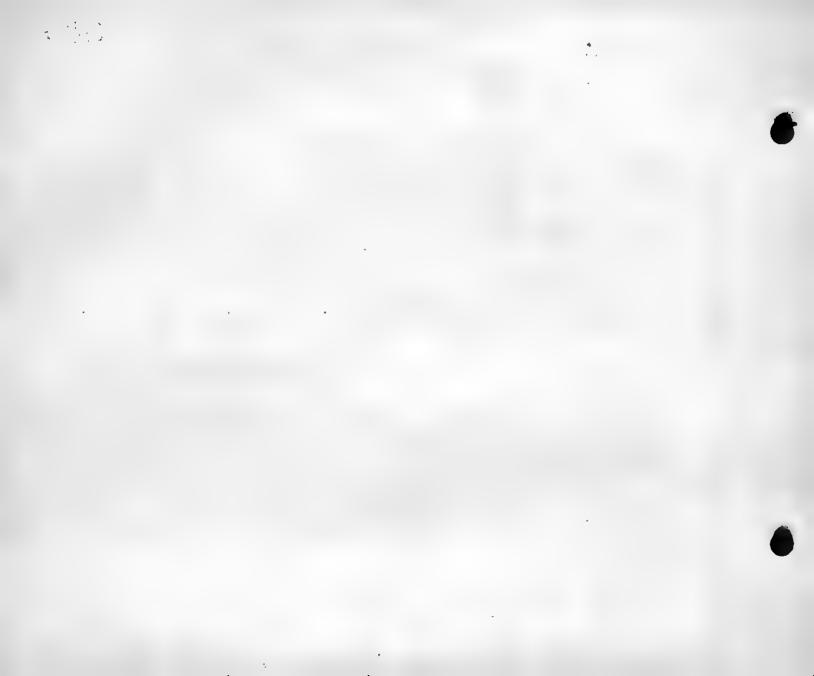
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09172 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before agmission) o. COUNTY BALTIMORE BALTIMORE MARYLAND b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c CITY OR FOWN (If autside carporate limits, write RURAL and give nearest town) LTIMORE WILLKS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS 1203 CATHEDRAL BALTIMORE MEDICAL CENTER YES NAME OF 4 DATE Middle DECEASED OF DEATH ELBON PAULINIE (Type or print) IF UNDER 1 YEAR 7. MARRIED 9 AGE (In years NEVER MARRIED jost birthday) Months Days 2-28 WIDOWED DIVORCED 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT INDUSTRY AGLENCY 13. FATHER'S NAME cramation, or remaya CLISVILAND SIMMON 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, or unknown) (If yes give wor ar dotes of service) 18 CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (a) **DUE TO** Canditians, if only, which gave rise to immediate couse (a), DUE TO stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS PERFORMED? Bre NO 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of many in Part or Port II of item 18.) OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TiME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form. (City or town) ((ounty) Hour am. factory, street, office bidg , etc.) Not While 21. I certify that (I) (this haspital) attended the deceased fram director, page 3 should should be should be should be filed with the 11. 10 P.M. fram/causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an and that death accurred 22a SIGNATURE 22b. DATE SIGNED DIRECTOR 22d. **ADDRESS** POLINESS NAME (Type) GBMC **BURIAL, CREMATION** 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edm ssion) a. COUNTY **6. COUNTY** STATE Balto. Md. MARYLAND b. CITY OR TOWN (if outside corporate limits LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 write RURAL and give nearest town) Rockdale 21207 Rockdale within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM completely sontogoers 8331 Loberty Rd 8331 Liberty Rd. NO P YES 🗔 executed carbontpapers 3. NAME OF Middle 4. DETE Month Day 1107612 6 (Type or print) DEATH 196 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. physician and 7. MARRIED NEVER MARRIED T hat birthday) event, Sept. 11. certificate WIDOWED DIVORCED remove 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or fore on country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) USA no housewife Balto: Md. please C 13. FATHER'S NAME ding 14. MOTHER'S MAIDEN NAME Mary Hanafin and William H. Aestor attend Then The law requires that the 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service the Court Rd. Woodstock, Md no Mrs. Matina Zopf. Old the hospital or attending physician. certificate has been signed by 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), per 6 ONSET AND DEATH Myocardial Infarct PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit Hypertensive Arterioselbrotie CVD DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying Ŧ, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY \$ D CERTIFICATION PERFORMED? USB prior NO for 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) DIRECTOR: After this Health OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached be retained by MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Day, Year ö factory, street, office bldg., etc.) Hour a.m. While Not While Dept. at work at work p.m. Plnoys = 19.627, and that death occurred at 5 P.M. from the causes and on the date stated above. saw the deceased alive on.... OB 22e. SIGNATURE 22b. DATE ATTENDING SIGNED HOSPITAL PUNERAL page DIRECTOR PHYS. PHYS. Page . with 22c. PHYSICIAN'S 22d. ADDRESS director, 1 CAUERO NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 3310 Taylor Ave; Balto; Parkwood Cemburris l BY REGISTRATO PSb. REGISTRARYS SIGNA ORE ADDRESS 24 FUNERAL DIRECTOR'S Byers, 8728 Liberty Rd: Randallstown, Md. DATE VR A1S [4]



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH á eath requires that the death certificate be executed within 24 haurs after death gud 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH Baltimore Lutherville a. COUNTY p. STATE b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside carparate limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Years Lutherville Lutherville filled in d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? remove arbon pape 8 Felton Road YES [NO F 8 Felton Road First 3. NAME OF Middle Last 4. DATE Month Dov Year and completely DECEASED 0F event, (Type ar print) Richard DEATH July Evov 19 67 9. AGE (In years S. SEX IF UNDER 1 YEAR IF LINDER 24 HRS 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8 DATE OF BIRTH last birthday) Months Davs Habrs WIDOWED DIVORCED July 2, 1894 Male White and in a 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CHIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Sales Manager Baltimore, Maryland U.S.A John Deere Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal, the attending physist permit Then p Joseph Evoy Mary Ellen Justiana 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, na, or unknown) (If yes give war ar dates of service) Ð 213-03-6786 Mrs. Margaret E. Eyûv 8 Felton Rd. 21093 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and be signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Mage 4 may be retained by the haspital or attending physician DHE TO Conditions, if any, which gave rise ta immediate cause (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been detached for use as the e Dept, af Health priar ta last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES [205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Dov. Year Haur a.m. Not While factory, street, office bldg., etc.) ATTENDING at work at warle 21. I certify that (1) (this haspital oftended the deceased from director, page 3 should should be filed with the 19 6 and that death occurred at_ from Lauses and on the date stated above saw the deceased olive on 220 SIGNATURE DATE/SIGNED M.D PHYS DIRECTOR 22d. ADDRESS 92 PHYSICIAN'S BLAZEK NAME (Type) 23h DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 230. BURIAL, CREMATION, (County) REMOVAL (Specify) 7/15/67 New Cathedral Cemetery Baltimore, Maryland 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Ochanta 1967 Wm. Cook-Brooks Towson 1050 York Rd. 21204 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09175 DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admir sion o COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 firmits, write RURAL and alve nearest tawn) write RURAL and give neorest (awn) Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENC ON A FARM? NO SC YES Middle First 4. DATE £051 Month Doy Year DECEASED (Type or print) M.WILL DEATH 6 COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED birthdoy) WIDOWED - TO DIVORCED 100 USUAL OCCUPATION (Give kind of work done TOB. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ISa. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Amelia 16 SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unknown) [(If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 200 ACCIDENT WAS UNDERLYING ... 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or fown) (State) (County) Hour om. foctory, street, office bldg., etc.) Not While ot work 2) I certify that (1) (this haspital) attended the deceased from 6. 22. 1967 to 7.2/. 19 67, that (I) (we) last saw the deceosed alive on 7. 21. 1965, and that death accurred at 11-49M, from causes and on the date stated above 22b. DATE S GNED 220 SIGNATURE ATTENDING 7.22.67. MD DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN S NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BUR AL CREMAT ON ((vtruo)) (Stote) REMOVAL (Specify) July 25, 1967 Baltimore, Maryland Loudon Park Cemetery

Towson, Maryland 21204 PATE

25o. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

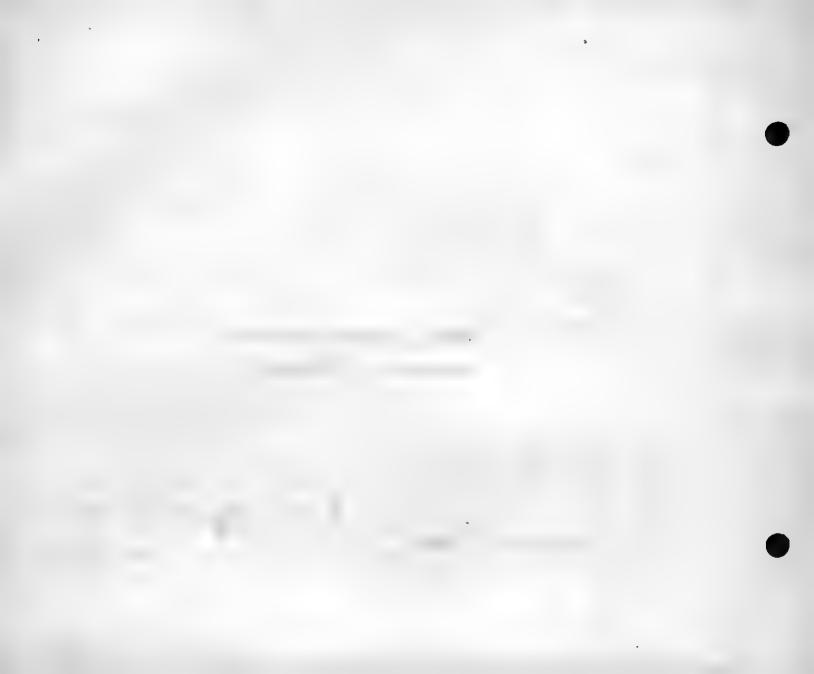
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after papers. campletely fi pup physician (ar removal, attending p permit. burial, cremation, signed by the burial-transit as the prior tal has been certificate ğ Page 4 may be retained FUNERAL DIRECTOR: director, page 3 should be filed 9 VR A15 (4) 25M 1/67

NAME OF

S SEX

last

24. FUNERAL DIRECTOR
Wm. Cook-Brooks Towson, 1050 York Road



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09176 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death Med in by the funerall papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY Baltimore a. COUNTY o. STATE Maryland Baltimore MARYLAND papers. Pages 1 hin 72 hours after b CITY OR TOWN (If autside corparate limits. E LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest town) write RURAL and give neorest lown Baltimore Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6660 Loch Hill Road 6660 Loch Hill NO X NAME OF First Middle Lost 4. DATE Dev Year physician and completely DECEASED July Fetherolf Ethel DEATH 9 AGE (In years B. DATE OF BIRTH IF UNDER 1 YEAR LIE UNDER 24 HRS. S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1900 lost butbdoy) Hours July 16th hen please remay White Female WIDOWED and in any 12 CITIZEN OF WHAT 10o USLAL OCCUPATION (G ve kind of work done 106. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) USA NIRY? INDUSTRY Medford, Wis. 14 MOTHER'S MAIDEN NAME Enameline McKey 13. FATHER'S NAME Joseph Morrow or remayal. the attending p 16 SOCIAL SECURITY NO 17 INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor ar dates of service) 214-26-7748-J1-Mrs. EthelF . Mills burial, crematian, INTERVA, BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Anteuro schenotice Heart Disease will athing burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Undefelowing Canditions, if any, which gave) rise to immediate cause (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been s shauld be detached far use as the with the State Dept. of Health priar to WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) FICATION NO [20o. ACCIDENT WAS UNDERLYING [205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH 3 shauld be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm. (City or tawn) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While DO.C. 1967, that (1) (we) last 21. I certify that (I) (this haspital), attended the deceased from 1967, and that death occurred at M, fram causes and on the date stated above. saw the deceased alive on 22b DATE SIGNED 220 SIGNATURE **ATTENDING** llerau PHYS. MD. PHYS DIRECTOR director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S Pellerano Glenmont Road NAME (Type) Dr. Ceasar 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF (County) BEMOYAL (Specify) Loudon Park Cem. Balto. 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE edefe. Villarley VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH RECORDS, 301 W., PRESTON STREET, BALTIMORE, MARYLAND 21201 09177 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY a STATE **b** COUNTY and 3 to Baltimore Maryland MARYLAND b CTY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b c CIY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress) d STREET ADDRESS the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm ON A FARM? Spring Grove Hospital 1702 Lombard Street NO F hours after death Middle 4 DATE DECEASED (Type or print) DEATH FLORINE Η. FTELDS SEX IF UNDER 1 YEAR 6 COLOR OR RACE 9 AGE (In years 7 MARRIED NEVER MARRIED lost birthday) Months Davs 72 hours after d∎ath WIDOWED DIVORCED Female White 100 US_At OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even-kretited) INDUSTRY CINIA 13 FATHER'S NAME This certificate shauld be executed within وق 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) event within MOORE 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH Fatty infiltrate of liver IMMEDIATE CAUSE (o) DUE TO in any Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS ar remaval, PERFORMED? CERTIFICATION YESXX NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of marry in Port or Port II of item 18) 3 shauld PRIMARY or CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) to FUNERAL DIRECTOR: Page 3 Health prior to burial, cremati foctory, street, office bldg, etc.) of work Not While of work 21 I certify that I took charge of the remains described above, held on Autopsy [X], Inspect on ingury . ond in my opinion Accident death resulted from-Notural causes Suicide . Homic de Undetermined monner CHIEF MED CAL EXAMINER X ACTUAL 22. DATE SIGNED ASSISTANT MED CA, EXAMINER SIGNATURE O DEPUTY DEPUTY MED CAL EXAM NER **EXAMINER'S** S. Fisher Address (Street city, town or county) NAME (Type) NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMAT ON. 23d LOCATION (City or Town) 23b DATE THEREOF REMOVAL (Specify) 250 REC D. BY REGISTRAR VR A15ME (5) 6M 1/67 4101 EDMONDSON AVE DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH plnods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore Baltimore City MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give naarest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest lown) hours after Towson Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Stella Maris Hospice etel 4431 Alan ADrive YES NO T NAME OF Middla 4. DATE DECEASED OF 2 (Typa or print) Kodocz Rikorkolokorkia JOHN T. FIELDSETH DEATH 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED [X] AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Hours certificate WIDOWED [DIVORCED [physician eye remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, evan if ratired) Civil engineer Baltimore, Md Engineer USA please .⊑ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Thorward Fieldseth Augusta Boedeker Then , EVOI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECTION NO. 17. INFORMANT Address (Yes, no, or unkown) | [Ifyes giva war or detes of service] R Taylor McLean, Campbell Bldg, Unknown permit lowson þ 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN requires 6 ONSET AND DEATH 5:gned PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO ASEV1 attending Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the undarlying the hospital or causa last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY S 0 CERTIFICATION PERFORMED? prior use NO V þ 20%. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Entar pature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH ATTENDING be retained by MEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (State) ö factory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR: af work at work 15. m. 10/24/64 (/24/6 19....., Ihai (I) (we) lasi saw the deceased alive on 7/23/67 M. from the causes and on the date stated above.19......, and that death occurred at a 22a. SIGNATURE ATTENDING AAFD STAFF SIGNED HOSPITAL FUNERAL page PHYS. DIRECTOR PHYS. 211/67 Page 22d. ADDRESS 22c. PHYSICIAN'S filed v NAME (Type) death. 20/ E Joppa Rd Towson Manon. 23d, LOCATION (City, fown or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) द्वेंद्व REMOVAL (Specify) Md. Loudon Park Cemetery Baltimore 7/26/67 Burial 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Howard H. Hubbard, 4107 Wilkens Ave. 21229 VR A15 (4) 20M 5-63

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09179 09179 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE b. COUNTY MARYLAND h CITY OR TOWN (If outside corporate signifs, c. LENGTH OF STAY IN 1h c CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours aft write RURAL and give prefest lown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARMS filled NO N NAME OF First Doy Year completely DECEASED OF DEATH (Type or print) DHO 9. AGE (In years JE LINDER I YEAR 7. MARRIED NEVER MARRIED last birthdoy) WIDOWED DIVORCED 100 LSUAL OCCUPATION [Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT physician 13. FATHER'S NAME 14. MOTHER'S MAIREN NAME buriol, crematian, or removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. UNFORMAN (Yes, no, or unknown) (If yes give wor or dotes of service) NO 18. CAUSE OF DEATH (Enter only one couse per tigo tor. INTERVAL BETWEEN **buriol-tronsit** PART I DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE CAUSE (o signed by Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? ٥ 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20k T ME Of INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (home, form (City or town) (Stote) Hour om. foctory, street, office bldg., etc. Not While 21. I certify that attended the deceased fram O FUNERAL DIRECTOR: and that death accurred on the couses and saw the deceased alive on 22o SIGNATURE MED. DIRECTOR ATTENDING STAFF BHYS director, page 3 should be filed v M.D PHYS. 22d. ADDRESS 22c PHYSICIAN Poge 4 moy NAME (Type) 23C NAME/OF/CEMETERY OR CREMATORY 23d LOCATION (City, or Town) 230. BURIAL CREMATION. 236 DATE THEREOF (County) dæmen



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09180 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY o. STATE b. COUNTY 12 Baltimore Mryland MARYLAND delay b CITY DR TDWN (f outside corporate limits, c LENGTH DE STAY IN 16 c CITY OR TOWN (If puts de corporate limits, write RURA, and give nearest town) 2, L. P.M3. guq write RURA, and give nearest town)
Turners Station Baltimore, Maryland d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDÊNCE ON A FARM? with form 620 Peach Orchard Lane 620 Peach Orchard Lane YES NO E Give Pages 24 hours ofter death. NAME OF DATE Year DECEASED 1967 July UQ (Type or print) 600 DEATH 60 S SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED MARRIED last birthday) Months Doys Hours DIVORCED Colored W DOWED June 17, 1907 100 USUA, OCCUPATION (Give kind of work done 10b. KIND DE BUS NESS OR 11 B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? offer **VETZUONI** .⊑ Bedfore County, Va. be forwarded to the Chief Medical Examiner's Laborer be executed within 13. FATHER S NAME Kate Themas James Flood 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) Wellie Pelmer. 620 Feach Orchard INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per one for (
PART I, DEATH WAS CAUSED BY bur ol-transit ONSET AND DEATH event IMMEDIATE CAUSE (o) This certificate shauld the certificate, writing the word DUE TO Ony Conditions, flony, which gave rise to immediate couse (a), ₽ DUE TO stoting the underlying couse gud or removal, PART HI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 9 WAS AUTOPSY PERFORMED? 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW NAURY OCCURRED (Enter noture of njury in Part I or Port I of Item 18) 3 should b 4 shou d PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH 3 Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c T ME OF NJURY Month, Doy, Year Hour om Not White of work foctory street, office b dg etc.) FUNERAL DIRECTOR: Page nt work 21. I certify that I taak charge of the remp ns described above, held an Autopsy Inspection Suicide | death resulted from Natural Causes A the funeral director. Accident | Hamicide Undefermined manner be retained CHIEF MEDICAL EXAMINER 22. MATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5 may to FUNES NAME (Type) Address (Street, city, town w co. 23c NAME OF CEMETERY OR CREMATORY 23o BURIAL CREMATION 23b DATE THEREOF 23d LOCATION (City of Town) REMOVAL (Specify) Beltimore Maryland
RAR 25b. REGISTRAR S SIGNATURE Auburn 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A 15ME (5) DATE AUG 1967 Ochonlas Judge 6M 1/67 Charles R. Law 802 Madison Ave.

James Flood No

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09181 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 00181 HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before admission) · Balltimore Maryland b. COUNTY 3 ta Page ď MARYLAND delay c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) b CTY OR TOWN (If outside corporate limits, t LENGTH OF STAY N 1b. pup write RURAL and give nearest town) Baltimore 21.4 d NAME OF HOSP TAZ OR INSTITUTION (finct in hospito, give street oddress) d STREET ADDRESS e IS RESIDENCI ON A FARM? St. Joseph's Hospital 2810 Elsinore Avenue pages 1 and 2 with the State YES NO in Item 18. Give Pages after death 3 NAME OF 4 DATE M ddle Lost Month Dov Year DECEASED FOOTE Ju₁v 23, Mawell 19 67 (Type or print) DEATH F UNDER 1 YEAR 5 SEX 8 DATE OF BIRTH IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED 9 AGE (In years NEVER MARRIED 48 vrs Months Dovs Hours Male Negro event within 72 haurs after death WIDOWED T DIVORCED 1-2-1919 100 USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) 10b KIND OF BUS NESS OR 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? Baltimore Maryland
14 MOTHER'S MAIDEN NAME Taxi Chauffer U.S.A. pencil 13 FATHER'S NAME This certificate should be executed within Mawell P. Foote Farrida PHO Colminio IS WAS DECEASED EVER NUS ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO writing the word "pending" i (Yes, no, or unknown) (If yes give wor or dotes of service) Sarah Foote Byrd. Yes. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).

PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse 0 (c) PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) WAS AUTOPSY remayal, PERFORMED? YES [X] NO please execute the certificate. NO F pe 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW N.JRY OCCURRED (Enter notice of nigry in Port) or Port II of item 18.) 3 shamld PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH crematian, MEDICAL 20f (City or town) 20c TIME OF INJURY Month, Doy, Year 20d NJURY OCCURRED 20e PLACE OF NJURY (Home, form, (County) (Stote) Hour om foctory, street, office bldg., etc.) Not While at work of work Inspection | 21. I certify that I took charge of the remains described above, held an Autoosy [X] Inquiry [7], DIRECTOR: and in my apinian Natural causes Accident death resulted fram-Homicide Undetermined manner Suicide . be retained CHIEF MEDICAL EXAMINER prior ta ACTUAL 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE FUNERAL TO DEPUTY DEPUTY MEDICAL EXAMINER 7/24/67 **EXAMINER'S** Werner U. Spitz 5 may b NAME (Type) Address (Street, city, town, or county) 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. (County) Baltimore, Karyland Baltimore Nat. 25b REGISTRAR S S GNATURE 250 RECD BY REGISTRAR ADDRESS 24 FUNERAL DIRECTOR VR A15ME (5) 3 25 Minules Judge 1967 Charles R. Law 802 Medison

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MARYLAND STATE DEPARTMENT OF HEALTH

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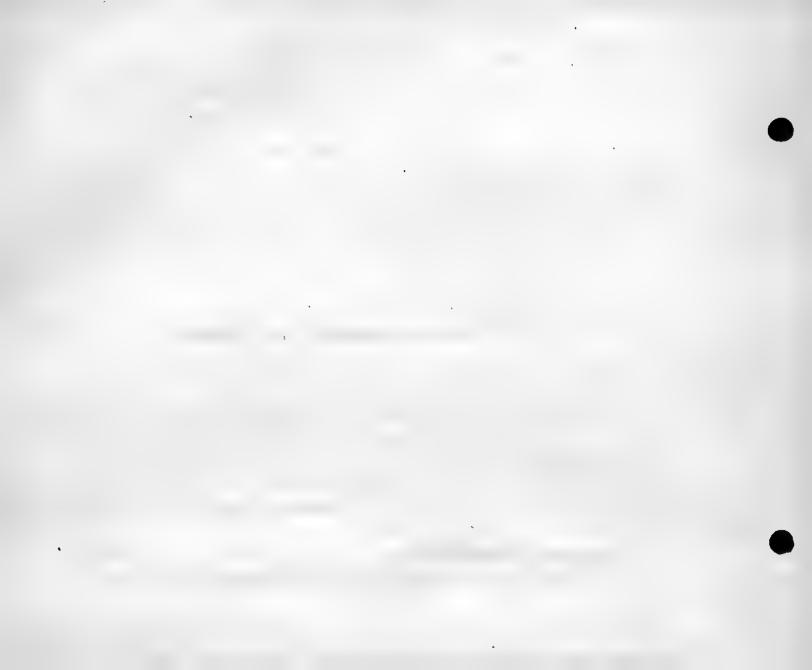
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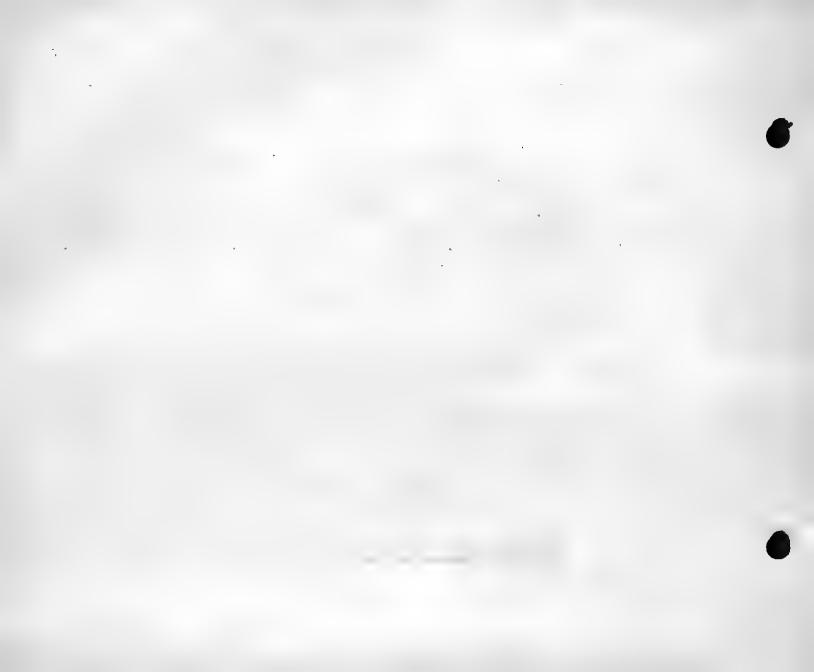
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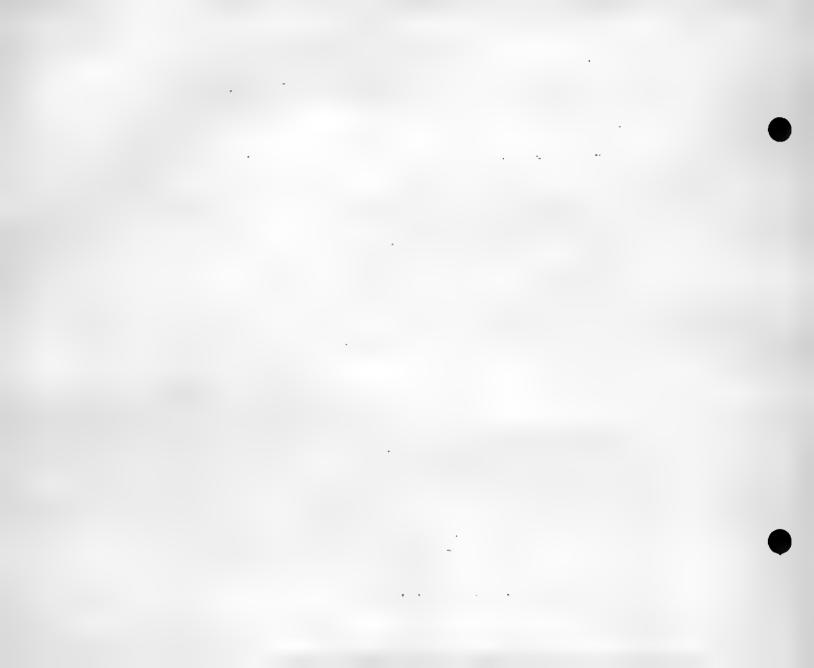
7	1 ~	3		Division of STATISTICAL RESEARCH AND RECORDS, 301		
-		1		09183 CERTIFICATE	OF DEATH	09183
	funeral and er degrin	ン	1.	PLACE OF DEATH D. COUNTY	2 USUAL RESIDENCE (Where deceased lived, if i	institution: Residence before admission) c. COUNTY
	urs ofter y the fu Poges 1 urs ofter			b. CITY OR TOWN (If autside carparate limits, write RUSAL and give nearest tawn) MARYLAND MARYLAND C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, wr	rite RURAL and give nearest tawn)
	hours in by rrs. Pc 2 hours			DALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
	hin 24 ho filled in papers. thin 72 h			3626 Oats Ave	3626 OAK AVE	YES NO
	cuted within 24 hours ofter impletely filled in by the fur ve corban papers. Poges 1 pearty-within 72 hours after	-	3	NAME OF DECEASED (Type or print) WILLIAM E.	FRANCIS DEATH	Month Day Year ULU 7 19 6 7
	e executed withind and campietely fremove carban any event, with			SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED E	B. DATE OF BIRTH AUG 8, 1905 9 AGE (In yellow block birther)	ears F JNDER 1 YEAR IF UNDER 24 HRS day) Manths Days Haurs Min
	and and in any		10a	. USUAL OCCUPATION (Give kind of work done pig and at af working life, even if retired) JOB KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, or foreign country	yrs 12. CITIZEN OF WHAT 2. COUNTY?
	skian please), and		E	FATHER'S NAME	MARION VIRGINIS	W 437)
	certifing phy Then movo			EVERETY FRANCIS	CORA Johnston	
	e death certificate b ottending physician permit. Then please an, ar removal, and i		(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 II 20 J	NFORMANT C. FRANCIS -	Address SAmo
	nt the the of sit pe		1	TB. CAUSE OF DEATH (Enter anly one cause per line (ar (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: AS TO BE V TO BE	A OF BRAIN	INTERVAL BETWEEN ONS AND DEATH
	equires that physicion. signed by buriol-tran buriol, crer			DUE TO		1.1403,
	phys phys signe burio			Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause DUE TO		
	The low rateding hos been see as the horiar ta			lost (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN DART I	1(a) 19 WAS ALITOPSY
	E. The or att te had use a	#)	CATION			YES NO
	SICIAN spital ertifico ed far af He		CERTIFICATION	20a ACCIDENT WAS INDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part 1 or Part 11 of item	1B.)
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death Page 4 may be retained by the haspital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the bunal-transit permit. Then please remove carban papers. Pages 1 and 3 shauld be filled with the State Dept. at Health priar ta burial, are removal, and in any prent, within 72 hours after death		MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLAC While Not While fack	CE OF INJURY (Hame, farm, Ory, street, affice bldg., etc.)	own) (County) (State)
	d by 1 After d be d			21. I certify that (I) (this haspital) attended the deceased fram_	MARCH , 195470 JUL	
	ATTE etoine CTOR: shaul			saw the deceased alive an ULY 1967, and that	attending MED STAFF	22b DATE SIGNED
	L OR / be r DIRE			Marcy A Delalelle MD	D. PHYS LAP DIRECTOR L. PHYS	0. 1969
	SPITA 4 mg NERAL lor, pg	1	-00	NAME (Type) IVIA RUIN GOLDSTEIN	6001 PARK HEIGHTS	
	TO HOSPITAL Poge 4 may TO FUNERAL I director, pog shauld be fil	0	230	BURIAL (REMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR OF COMMENTS OF COM	de Cemetery - BA	HIMURE, Md
	VR A15 (4)	all	24	I SUMPHA DIRECTOR ARMACAST - 4600 LIBERTY HEAR	AS AND DATE II 1 1 1967	25b. REGISTRAR'S SIGNATURE ACharles Judge.
	1	A		13 WILLIAM TO THE TOTAL	- / JAN LULLING	0 0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09184 09184 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY a. STATE b. COUNTY Baltimore Maryland MARYLAND Baltimore b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest fawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. Baltimore Rt. 15 Box 58 - Baltimore, Md. 7 days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Ξ. d STREET ADDRESS e IS RESIDENCE ON A FARM? GREATER BALTIMORE MEDICAL Rt. 15 Box 58 YES NO V 3 NAME OF First Middle Last DATE Manth Day Year DECEASED completel Carl (Type or pnnt) event Charles Farle Fresh DEATH S SEX 6. COLOR OR RACE IF UNDER 1 YEAR 7 MARRIED B. DATE OF BIRTH 9. AGE (in years IF UNDER 24 HRS NEVER MARRIED remove last birthday) Months Haurs or remayal, and in any Cau. WIDOWED DIVORCED April 2, 1911 Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during mast of working life, even if retired) Un. Clay Bldg. attending physician remit. Then please **COUNTRY?** Foreman Baltimore, Maryland U.S.A. 13 FATHER'S NAME Mat. Balto.Md. 14 MOTHER'S MAIDEN NAME Charles Thomas Fresh Heck 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, ar unknawn) (If yes give war ar dates of service) 14-05-4578 ETTA FACSH burial, crematian, THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Cardiorespiratory failure IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that Page 4 may be retained by the haspita! ar attending physician. DUE TO Canditions, if any, which gave Pericardial effusion rise ta immediate cause (a), **DUE TO** stating the underlying cause (c) Carcinoma of lung-treated with radiation therapy last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? far use Health YES K NO 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (State) (County) Haer'a.m. factory, street, affice blda., etc.) Not While at work at work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram 7/19 , 19.67 , to 7/20 , 19.67, that (I) (we) last director, page 3 should shauld be filed with the 1967, and that death accurred at 5:30 ph, from causes and an the date stated above. saw the deceased alive on 22a SIGNATURE 22b. DATE SIGNED **ATTENDING** MED DIRECTOR July 21, 1967 PHYS PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Rudiger Breitenecker. M. D. Greater Baltimore Medical Center 23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) 24 EUNERA, DIRECTOR REGISTRARIE SIGNATURE VR A15 (4) DATE



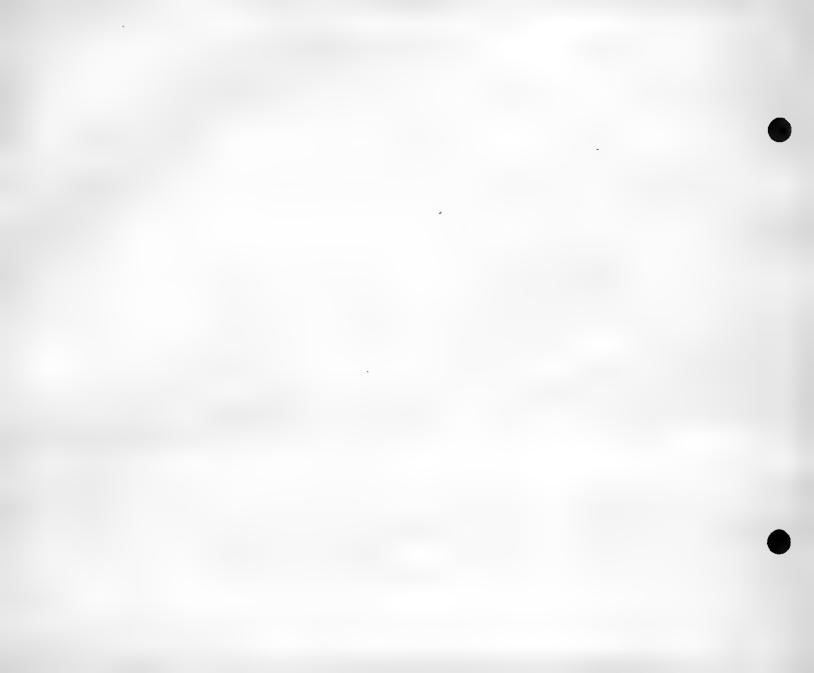
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FOR STATE	MEDICAL EXAMINER'S CERTIFIC	ATE OF DEATH	09185
HEALTH DEPTA	o. COUNTY o. STATE	SIDENCE (Where deceosed lived, if institution b. COUNTY	Residence before oam ssion)
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oth If any delay is ages 1, 2, and 3 to ith form PM3. Page State Department of	d NAME OF HOSPITAL DR INSTITUTION (1 not in hosp to, give street oddress)	Baltimore DRESS	B 15 RESIDENCE ON A FARM?
t for the formal the f	3 NAME OF First Middle Lost	30 E. Biddle Street	YES NO VI
ive Point go with	DECEASED # /	OF	Day Year
after 8 Give olang	(Type or print) S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED S DATE OF BIR WIDOWED DIVORCED	lost birthdoy) Mi	3 19 67 ONDER 1 YEAR IF UNDER 24 HRS Onths Doys Hours Min.
MINER: This certificate should be executed within 24 hours after death if a the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 74 should be forwarded to the Chief Medical Examiner's Office along with form in files. In the certificate, writing the word within 72 hours after death.	-Male Colored	ACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY & SUSA
n 24 I in er's ges affe	1. DLOVEK 11/5/11/- KY	MAIDEN NAME	y c 3 U 3/1
enci enci im n pa	text faced the ditte	a V A Y -/	
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ficate shou'd be executeding "ing the word "pending" inded to the Chief Medical as a buriol-tronsit permit.	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		NTERVAL BETWEEN
be "pe "pe nief	PART I DEATH WAS CAUSED BY. IMMED ATE CAUSE (o)	diovascular Disease	ONSET AND DEATH
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nis ceri ite, wr forw forw movol,	PART II, OTHER SIGNLE, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D 20g EXTERNAL CAUSE WAS PRIMARY OF OF OF OTHER SIGNLE, CANSE WAS CAUSE OF DEATH	``	19 WAS A TOPSY PERFORMED? YES W NO
TCAL EXAMINER: This certificate, written the certificate, written to the forwar ctor. Poge 4 should be forwar files. ECTOR: Poge 3 should be used buriol, cremot an, or removal,	20th DESCR BE HOW AJURY OCCURRED (Enter noture of PRIMARY III or CONTRIBUTING III		
MEDICAL EXAMINER: lease execute the certification. Page 4 show cathered for your files. DIRECTOR: Page 3 show to buriol, cremot an, o	20c TIME OF INJURY Month, Doy, Year 20d. N.JRY DCCURRED 20e PLACE OF NJURY (Hour o.m. 19 while of work		(County) (Stote)
MEDICAL EXA please execute director. Page estained for yar DIRECTOR: Page r to buriol, crem	21. I certify that I taok charge of the remains described above, held an Autap	sy 🗶 , Inspect on 🔲, Inquiry	and n my apinior
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JIY MEU ry, pleos eral dire be retair RAL DIR priar to	SIGNATURE MD ASS	STANT MEDICAL EXAMINER	ZZ. DATE MONED
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TO DEPUTY MEUTCAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your of funkral Directors: Page Health priar to buriol, cremo	230 BURIA CREMATION 235 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	July 3, 1967 —((ounty) (State)
5 c = 25 ±	REMOVAL Specify 17-1-67 N+17 CAF+K	and the same of th	11.5.0.
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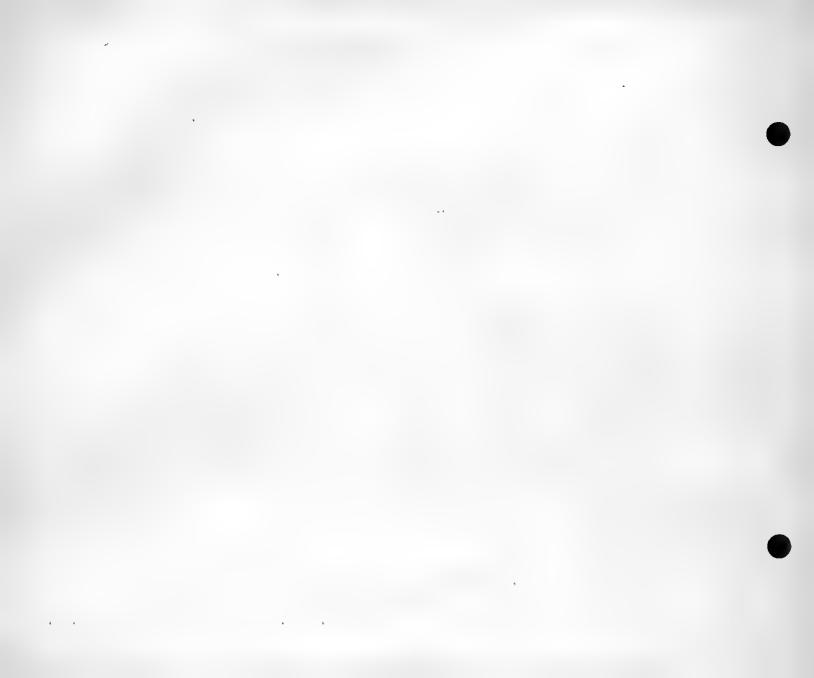


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERI PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY n STATE Page 모 으. MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 and (If not in hospital, give street address) d STREET ADDRESS IS RESIDENC farm ON A FARM? 8. Give Pages NAME OF Meddle DATE OF DEATH Office alang with Day Year DECEASED (Type or pont) 6 COLOR OR RACE 7 MARRIED NEVER MARRIED irthdoy) Months Doys Hours within 72 hours after death DIYORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDHSTRY 13. FATHER'S NAM pencil be executed within MARNER 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no precinknown) ((if yes give wor or dotes of service) INFORM AN Medical -2130 South LAN CAUSE OF DEATH (Enter only one couse per Jin PART I DEATH WAS CAUSED BY any event ficate shauld the ward DUE TO Canditions, if ony, which gove 0 rise to immediate cause (a). = DUE TO stating the underlying couse farwarded and 1ast SD 19 WAS AUTOPSY PERFORMED? or removal, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 3 shauld PRIMARY ar CONTRIBUTING CAUSE OF DEATH crematian, MEDICAL 20d NJURY OCCURRED 20e PLACE OF INJURY (Home form, (City or town) 20c TIME OF INJURY Month, Doy, Year Hour a.m. factory, street, office blda, etc.) While Nat While FUNERAL DIRECTOR: Page of wark 21 I certify that I took charge of the remains described above, he d an Autopsy Inspection 💢 ond in my opinion Inquiry Natural causes death resulted fram: Suicide Accident Hamicide Undetermined manner ASSISTANT MED CAL EXAMINER prid SIGNATURA O DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S May Health NAME (Type) Address (Street, city, tawn, ar caunty) BURIAL CREMATION 23b DATE THEREOF (Stote) 2 REMOVAL (Specify)

PUNERAL DIRECTOR VR A15ME (5) 5 6M 1/67

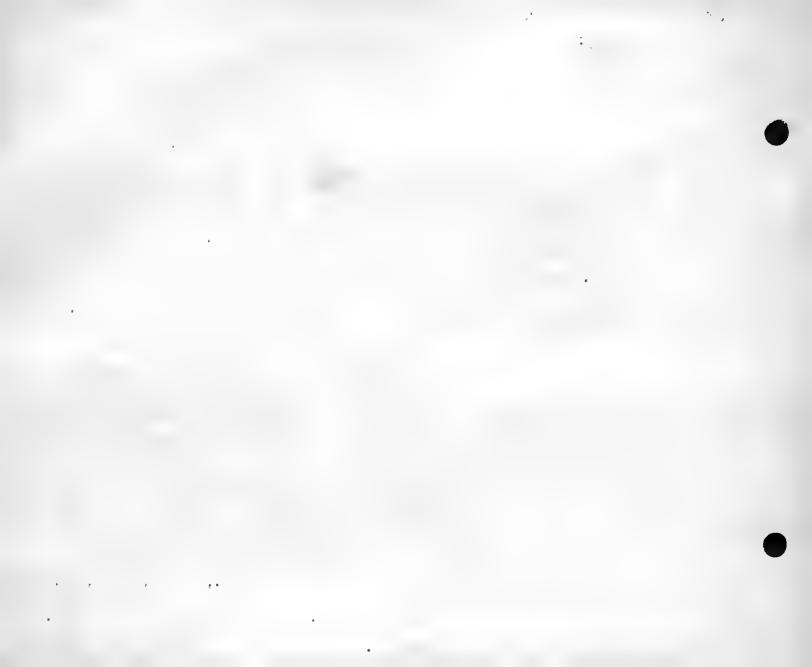
MARYLAND STATE DEPARTMENT OF HEALTH







4,				DIVISION OF VITA		RYLAND STATE DEPA ORDS, 301 W. PRESTO		ALTH ORE, MARYLAND 21201		
	with.		09183			CERTIFICATE	OF DEATH		091	89
	ed within 24 haurs after destribletely filled in by the Edgeral carbon papers. Pages 1 and en, within 72 hours after death		PLACE OF DEATH 1 (0)NTY Baltimore			MARYLAND	a. STATE Maryl	(Where deceosed lived, if institut and	NTY	ė
	ors after by the Pages ours aft		OCITY DR TOWN (If our write RURAL ond given Baltimore	tside corporate limits, e nearest town)		Life	a city or idwn (if a Baltimor	outside corporate limits, write RU	CAL and give no	earest town)
1	24 ha ed in Bapers.		. NAME OF HOSPITAL O	R INSTITUTION (If not in hasp h Hospital	atol, give	street oddress)	d STREET ADDRESS 9 East Ov	erlea Ave.		e IS RESIDENCE DN A FARM? YES NO
,	within within within		NAME OF DECEASED (Type or print)	First Sophia		Middle Veronica	lost Gerst	4. DATE Moni		Doy Year 1 19 67
	campletely nave carbon ny event, wi	\$.		CDLOR OR RACE 7 MAR	RIED 🛣		11/8/1893	9. AGE (in years lost birthdoy) 73 yrs	Months De	EAR IF UNDER 24 HRS. Oys Haurs Min.
	te be ex ion and ose rem nd in an	100	USUAL OCCUPATION (Giving most of working life, of Housewif	e kind of work done		OF BUSINESS OR ISTRY	11. BIRTHPLACE (Count Baltimore	y & State, or foreign country) • , Md •	12. CITIZE COUN	N OF WHAT TRY?
	e death certificate b attending physician permit. Then please an, ar remaval, and i	13.	FATHER S NAME	Suhre U.S. ARMED FORCES? es give wor ar dates of service)	Lucio	CIAL SECURITY NO 17 III	14 MOTHER'S MAIDEN Sophia Den NFORMANT			
	he death attendir permit. ian, ar re	(Ye			No	ne Mr		sel 266 Holly		INTERVAL BETWEEN
	quires that th physician. signed by the burial-transit i		PART I DEATH W Conditions, if any, white to immediate costating the underlyin last	ich gave (b) (b) (b) (c) (DUE TD	Carc	inoma of the				ONSET AND DEATH
	The laten at the has be not a so as as alth prior	AT ON	PART II OTHER SIGNIF	ICANT CONDITIONS CONTRIBU	TING TO	DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(0)		PERFORMED? YES NO
	bing PHYSICIAN: The law reby the haspital ar attending lifter this certificate has been be detached for use as the State Dept. af Health priar tal	L CERTIFICAT	200 ACCIDENT WAS UNE OR CONTRIBUTING ☐ C (IF EITHER, NOTIFY MEDI	AUSE OF DEATH	Ob DESC	RIBE HOW INJURY OCCURRED				
	VG PHY the he tripis of detact ate Dep	MEDICAL	20s, TIME OF INJURY Hour o.m. p.m.	19	While of work	Not While focto	E OF INJURY (Home, fa ory, street, office bldg., et	[.]	(Count	
	R ATTENDIN retained by RECTOR: Afth 3 should be with the St		saw the dece	that (I) (this hospital) assed alive an $\frac{7}{1}$	ttende	d the deceased fram 19 <u>67</u> , and thot		19_67, to_7/1/ tllp_M, from couses	and on the	
	OR AT be reta DIRECTO		22a. SIGNATURE	7.4	m	board M.C	11110	MED STAFF DIRECTOR PHYS. 5	22b DATE 7-1	
	FITAL I may ar, pag d be full				MB	RAD.		Rd., Towson,		
	TO HOSPITAL OR Page 4 may be r O FUNERAL DIRE director, page 3 shauld be filed w	I	BURIAL, CREMATION, REMOVAL (Specify)	23b DATE THEREOF 7/5/67		St. Josephs C	em.	23d LOCATION (City or To	Balto C	o Md. (State)
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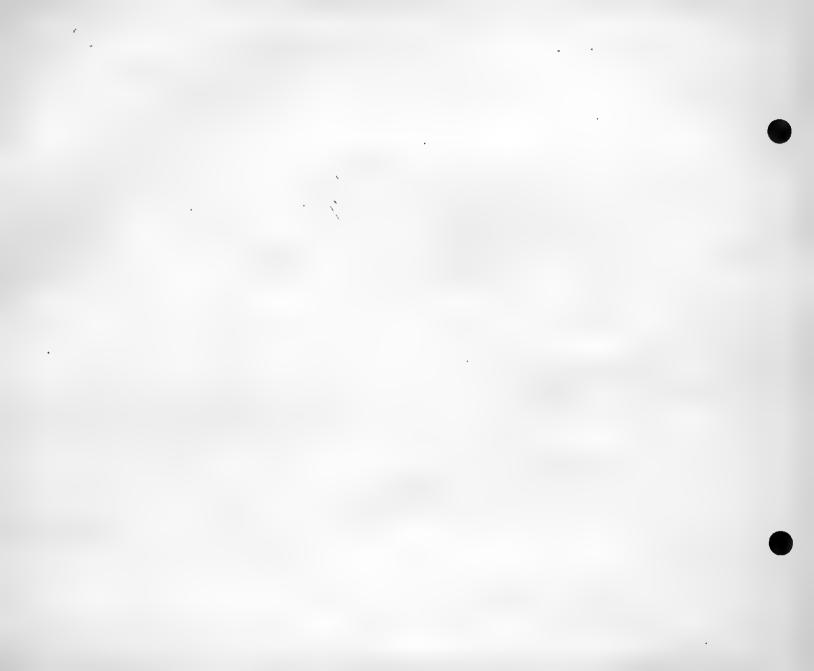
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er death, funeral 1 and 2 ter death		o. COUNTY BALTIMONE MARYLAND a. STA	MARULAND BALTON
be executed within 24 hours after the and completely filled in by the funder eremove carbon papers. Pages 1 are in any every within 72 hours after de		b CITY OR TOWN (1 autiside carporate limits, with RURAL and give nearest town) AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	R TOWN (If Sutside carparate limits, write RURAL and give nearest tawn) ADDRESS e IS RESIDENCE ON A FARM?
filled paper		BAITO, CO, GEN, HOSP, 136	2 DUGVA/E ROAD YES NO.
plately corbon		NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7 MARRIED	OF DEATH 7- 4- 1967
and com remore	100	F W WIDOWED DIVORCED S -	23-07 September 12 CITIZEN OF WHAT
ertificote be ex physicion and ien pleose rem ioval, and in on	dur	ng mast af wark ng Me, even if retired) NDUSTRY HOUSEWIFE AT HOME	MARUJANA (OUNTRY?
eath certific ending phys nit. Then p or removal,		Voseph herner	ETHEL Shor
he death ce othending permit. The	(¥€	WAS DECEASED EVER IN U.S. ARMED FORCES? ss, no, or unknown) (If yes give wor or dotes of service) UNCASO US 17. INFORMANT	spital Record
that the m. by the a onsit pe		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) JAJ LEAD LEAD	INTERVAL BETWEEN ONSET AND DEATH
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after be retained by the hospital or ottending physician. DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fig. 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages led with the State Dept. of Health prior to burial, cremation, or removal, and in any every within 72 hours after the with the state Dept.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause	cola
AN: The low real or ottending icate has been for use as the Health prior to b	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: 1 e hospital or his certificate stached for us Dept. of Healt	MEDICAL CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
FO HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the haspit TO FUNERAL DIRECTOR: After this certification, page 3 should be defached should be filed with the State Dept. of	MEDICA	20c. TIME OF INJURY Month, Doy, Year Haur a.m. p.m. 19 20d. INJURY OCCURRED While Not While of wark at wark	iffice bidg , etc.)
ATTENDING etained by it CTOR: After 1 should be dirth the Stote		saw the deceased alive an 7-4-1967, and that death a	$\frac{-26}{6}$, 19 6, to $\frac{9-9-}{6}$, 1967, that (I) (we) tas accurred at 6 A. M, fram causes and an the date stated abave
may be retained RAI DIRECTOR: A register of the second of		220 SIGNATURE ATTEN	DIRECTOR PHYS. 12 7/4-16/
FRAL C		NAME (Type) DR. LAI B.	ALTIMORE COUNTY GENERAL HOSPITAL
O HOSPITAL Poge 4 may O FUNERAL I director, pog	230	D. BURIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BURIAL 7/5/67 ANSHE NESTNA	ROSEDALE, MARYLAND
VR A15 (4)	1	A. FUNERAL DIRECTOR ADDRESS OL LEUTINGON & BROS. TNC. 6010 REIST. RD.	250 RECID BY REGISTRAP 67 250 REGISTRAR'S SIGNATURE DATE



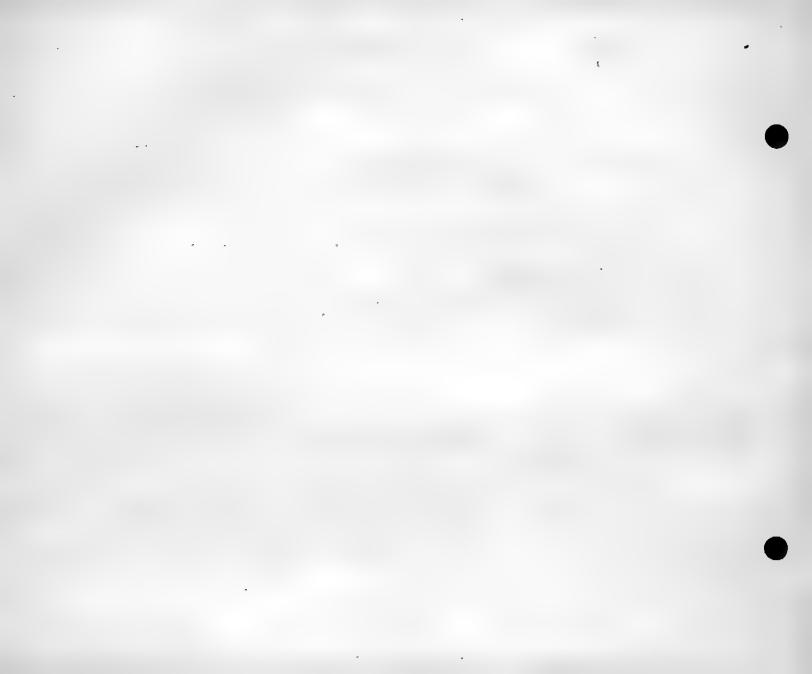
	DIV 091	ISION (OF STATIS		RYLAND STA EARCH AND RE CERTIF	CORDS, 3		ON STREET		RE 1, MAR	YLAND 09191
	1. PLACE OF	DEATH	-] 2.	USUAL RESIDEN	ICE (Where de	coased Irved, If Ins	Istution: Residen	ce before edmis
	a. COUNTY		ltimore		MARY		a, STATE	fd.	b. COUNTY	Bal	timore
	write R	TOWN (ii) bne JASU tenot	outside corpora	to limits, 'n}	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN		orato limits, write R	URAL end give i	neerest town)
				ION (if not in it	nospital, give street addre	186)	d. STREET ADDRESS				e. IS RESIDE
			ward Av		, , , , , , , , , , , , , , , , , , , ,		16 Howar				ON A FA
ł	3. NAME OF		MOT A VA	First	Middle	_ !]	Last	4. DATE	Month	Dev	Yeer
3	DECEASE (Type or pri		A	nnie	L	G	len	OF DEATH		- 0	10 (7
4	5 SEX		6. COLOR OR	RACE 7 MADE	RIED NEVER MARRIED	TILB. DAT	E OF BIRTH	19.	AGE (In years) IF	-	19 67 IF UNDER 24
3	F		W		WED TO DIVORCED	6 /01	1/1871		last birthday)	Aonths Days	Hours M
rb.	10e. USUAL C	CCUPATE	ON (Give kind o		KIND OF BUSINESS OR		7 1	ntu 8 State on 6	96 ms.	12. CITIZEN O	E WHAT COIL
	done during n	ost of wor	king life, even it		KING OF BOSHESS OK	II/DO31K1 II	BINITIPENCE (COD	rily of State' dt i	ereigii cociniyi	1	
-		ewif	2				Baltimore		a,nd	U.S.	A •
	13. FATHER'S	NAME				14.	MOTHER'S MAIDEN	INAME			
	unko		Diamond				unkown				
	15. WAS DECI	ASED EYE	R IN U.S. ARMEI yesgive warorda	Annahanmelan \	6. SOCIAL SECURITY NO				Address		
	-			1	214-54-2076	,	John Glen		16 How	ard Ave	- 2122
	1B. CAU	SE OF D	EATH Enter on	y one cause po	or line for (e), (b), and (c)	J	_				ERVAL BETWI
	PAR	I. DEATH	WAS CAUSED	BYI -DZ	roschol	1/22.	- M. A.	1000		O.	1 2200
	Conditions gave rise (=), statin cause last	ormmode g the un	derlying Di	JE TO (c)	ONTRIBUTING TO DEATH				CONDITION GIVEN	(IN PART I(a) 1	9 WAS AUTO
()	P III				-	~				,	PERFORM
- 1	ZOA, ACC OR CONTR	DENT WA	S JNDERLYING	□ 20h. D	ESCRIBE HOW INJURY O	CCURED, Enle	r neture of injury in	Pert I or Pert II	of tem 18.)		
	OR CONTE	BUTING	CAUSE OF DE	ATH							
	3 20c. TIME				S. INJURY OCCURRED	20a PLACE OF	INJURY (Home, fer	m. 20f. (City	or town)	(County)	(\$6
	Hou	e.m.		Wh	nileNot While		reet, office bldg., et			,,,	100
	~	p.m.,			rork et work			!			
		21. I certify that (I) (this hospital) attended the deceased from 6 -6 - 1946 to 7 - 2 - 1967, that (I) (We) la									
	saw the	decease	d alive on	7-2	19 & Z., ei			F.c.M, from	the causes ar	d on the de	ate stated e
	22e SIGN	NATURE	_				ATTENDING PHYS.	MED	STAFF		22b. I
	7/	Im	in K. S	In/on	BUT	M.D.	PHYS.	DIRECTOR [PHYS.		7-3-6
	22c. PHY	ICIAN'S	2011	مر <i>وع کی ا</i> مام	7	- :	22d. ADDRESS		-		
1	NAM	E (Type)	WILME	r K. G	501/29cr		6209 Free	wich as	re. Ball	7,21228	ma
1	23a. BURIAL,	CREMATIC	DN, 236 DATE	THEREOF	23c. NAME OF CE	METERY OR CE	REMATORY	23d. 10CA	TION (City, town	or county)	(State
	REMOVAL	(Specify)			FT 1- 1	Damle Con	motoms	Ba	ltimore,	City	Md
3	-	**	Jan Laz	5 106	7 Loudon		HE FE L.A				
2	Buri		July	5, 196	7 Loudon 1	RIK GE					TURE
R	Buri			5, 196	ADDRESS	ar Usen	25a, RE	C'D BY REGISTI	RAR 256. REGIS		TURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09192 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before odmission) a. COUNTY O. STATE MARYLAND b COUNTY BALTIMORE MARYLAND b (ITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits write RURAL and give nearest town) YEARS BALTIMORE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 423 S. BLNTALOC signed by the attending physician and campletely filled burial-transit permit. Then please remave carban pape MASONIC HOMIE NO PS NAME OF Middle 4 DATE Last Month Year Day DECEASED 6055 CATHERINIT 19 67. JUL Type or print DEATH SFX IF UNDER 24 HRS 6. COLOR OR RACE AGE (In years IF LINDER 1 YEAR 7 MARRIED DATE OF BIRTH NEVER MARRIED burthdoy) Months Doys Hours in any WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDuSTRY COUNTRY? S MARYLAND 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME ar remayal, DIETZ HENRY G. MARY MAHR 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, na, ar Linknawn) (If yes give war at dates of service) MASONIC HOME RECORDS 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been ‡ 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO [far 20a ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 181 OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year (County) (State) factory, street, affice blda, etc.) Not While at work 21. I certify that (1) (this haspital) oftended the deceased fram. 39. ta saw the deceased alive on_ , and that death accurred at M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** PHYS M.D director, page should be filed 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) 23a. BURIAL CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) estern TIMORE FUNERAL DIRECTOR 2Sa. REC'D B) ADDRESS 504 URIC 129 VR A15 (4 BROOKS 20 M 1/66 owson Towson DATE

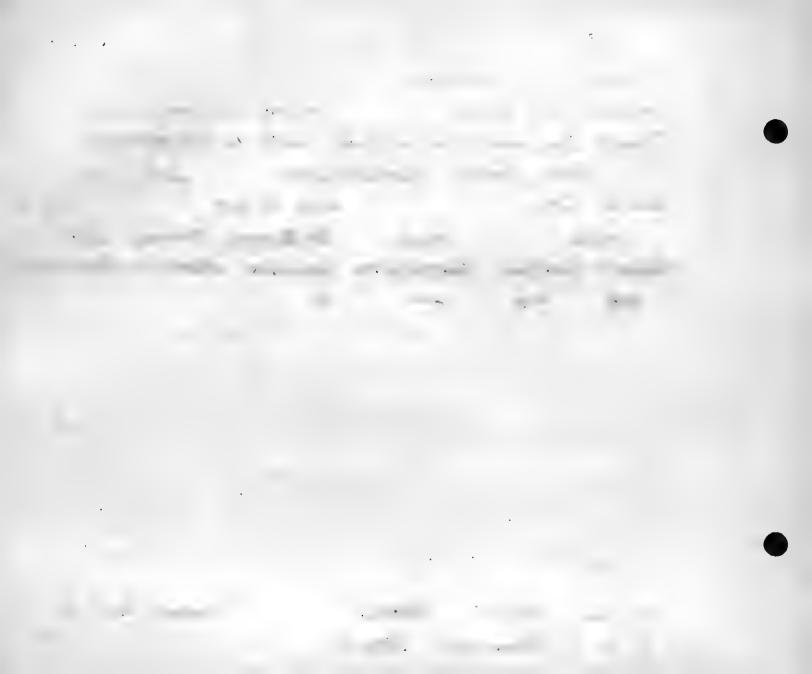


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 29198 09193 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE **b** COUNTY Baltimore MARYLAND Maruland b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore Baltimore PHYSICIAN: The law requires that the death certificate be executed within 24 has IS RESIDENCE ON A FARM? d NAME DE HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ND 👯 Milkord Manor Nursing Home 3626 Fords Lane NAME OF 4. DATE Middle carban Losi Day Year campletely DECEASED FRANK DEATH (Type or print) GOLDENRERG N UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In vetirs 6 CDLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED remove tost b rthdoy) Months Dovs Hours WIDOWED DIVORCED and in any WHITE MALE gud 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT EPULTRY 2 during most always life, even if retired) LIGHT CO. BALTIMORE. MD. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME remayal GABRIEL. **GOLDENBERG** LIBBY MAGGIDMAN WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no prunknown) (If yes give wor or dotes of service) b 212-07-2037A Mrs. Myra Roseman, 2419 Hunt Drive burial, cremation. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) ged (c) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO stoting the underlying couse as the prior to t lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) of far use of Health r NO this certificate 200, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury up Port or Port II of item 18) 200 ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form 20f. (City or fown) (County) foctory, street, office bldg . etc.) Hour a.m. Not While ot work 1965 to 5 Leily . 1%17 , that (I) (we) las 21. I certify that (1) (this haspital) attended the deceased from from 1967, and Mat death occurred at 3:20 M, from causes and on the date stated above sow the deceased alive an 14 July FUNERAL DIRECTOR: 22b. DATE SIGNED/ 22o SIGNATUR STAFF PHYS ATTENDING DIRECTOR director, page 3 should be filed v 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 431 E. LAKE AVENUE LAURISTON KEOWAN 23d LOCATION (City or Town) NAME OF CEMETERY DR CREMATORY (County) 23b. DATE THEREOF 230 BURIAL CREMATION REMOVAL (Specify) Rosedale. Md. Maryland Lodge 7/16/67 24 FUNERAL DIRECTOR Burial VR A15 (4) SOL LEVINSON & BROS. INC. 6010 REIST. RD.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 1. PLACE OF OFATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Re dec before ad . . a. COUNTY b. COUNTY Baltimore 24 hours after after Maryland MARY! AND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest a) C. LENCTH OF STAY IN 1b write RURAL and give nearest town) Baltimore. Md 21210 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS 6. IS RESIDENCE ON A FARM? mpletely fill carbon paper ent. within 7 St. Joseph nospital 4318 Roland Avenue NO T within 3. NAME OF First Middle OATE Mon th Day **OECEASED** OF 19 67 July GORDON (Type or print) JOHN **DEATH** executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIEO T NEVER MARRIEO last birthday) Months White Oays Male E E WIOOWEO DIVORCEO -10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR 三 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please death certificate be during most of working life, even If retired) INOUSTRY COUNTRY? Mgr. General Directory C&P Telephone U.S.A. 13. FATHER'S NAME removal Emory V. Gordon Ella Hill 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give war or dates of service)] transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Same) Mrs.Anne M. Gordon No CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH burial-transit PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL FNFARCTION signed OUE TO Cenditions, If any, which (b) gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health r PERFORMEO? certificate NO 💢 YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While at work DIRECTOR: A age 3 should lled with the ъ 21. I certify that (I) (this hospital) attended the deceased from saw the deceased brive on _M, from the causes and on the date stated above. and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED STAFF DIRECTOR M.D. PHYS. PHYSICIAN'S AOORESS director, p NAME (Type) BURIAL, CREMATION.I 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 Baltimore Cremation Greenmount 25a. REC'O BY REGISTRAR 24. FUNERAL DIRECTOR H.W.Jenkins & Sons 1961 VR A15 (4) 20M 1/65





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 hours after death \ond PLACE OF GEATH 2. USUAL RESIDENCE (Where deceosed aved, if institution Residence before odmission) · Baltimore Maryland b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 write RJRAL and give nearest town) Catonsville Baltimore d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) .⊑ d STREET ADDRESS e IS RESIDENCE filled. ON A FARM? House in the Pines Nursing Home YES NO The law requires that the deoth certificate be executed within NAME OF Middle 4. OATE Lost Month Doy Year confipletely DECEASEO July 3, Emma Gosnell 67 (Type or print) DEATH 10 S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED **NEVER MARRIED** DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. Φ los puthdoy) Months Hours remo Apr. 14.1898 ond in ony Cauc. WIDOWED DIVORCED pup 100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote or foreign country) 12. CITIZEN OF WHAT ottending physician a permit. Then please during most of working life, even if retired) INQUSTRY COUNTRY Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME buriol, cremotion, or removol, Huthwelker 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO informant r. Charles Gosnell Address (Yes, no, or unknown) (If yes give wor or dotes of service no Seminole Ave. - 21228 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) signed t DUE TO Conditions, if ony, which gave rise to immediate couse (a), **OUE TO** stoting the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS A JTOPSY PERFORMED? NO YES certificote ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING 20b OESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20f. ((ity or town) (County) (Stote) Hour to m foctory, street, office bldg., etc.) Not While TO FUNERAL DIRECTOR: After at work 21. I certify that (I) (this haspital) attended the deceased fram 1967, that (1) (we) last be retained saw the deceased alive on 3 duly 1967, and that death occurred at 8 '00 PM, from causes and on the date stated above 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS director, poge should be filed 22d. ADORESS 4605 Edmondson Ave. PHYSICIAN S lliam J Bryson NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION. 23b. OATE THEREOF (County) (Stote) REMOVAL (Specify) 7/7/67 Mt. Olivet Cem. Balto., Md. 24 FUNERAL DIRECTOR **ADDRESS** 250. REC'O BY REGISTRAR 2Sb REGISTRAR S SIGNATUR VR A15 (4) Witzke F. D. - 4101 Edmondson Ave. 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA CERTIFICATE OF DEATH 20107 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) E Reisterstown d. NAME OF HOSPITAL OR INSTITUTION (if not in pospital, give speet address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO T completely i within 3. NAME OF Middle DATE Month Day Year DECEASED remove carb (Type or print) DEATH 19 SEX 6. COLDR OF RACE DATE OF AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED B. BIRTH 9. 7. MARRIED last birthday) Months Davs Hours WIDOWED DIVDROED physician and please re 10a. USUAL OCCUPATION (Give kind of work done) during mest of working life, even a retired) .5 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTR PHYSICIAN: The law requires that the death certificate the hospital or attending physician. 13. FAWKER'S NAME attending phy ermit. Then p n. or removal, ed by the attend transit permit. cremation, or r 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address (Yes, no, or unknwn) (If yes give war or dates of service) NO none CAUSE OF DEATH | Enter only one cause per-line for -transi PART I. DEATH WAS CAUSED BY: signed turial-tran IMMEDIATE CAUSE (a) burial-t burial, DUE TO Conditions, if any, which gave rise to immediate rt e DUE TO cause (a), stating as th certificate has lined for use as t underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? CERTIFICATI NO [YES [20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) detached f te Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. After While Not While be Stat OR ATTENDING Page 4 may be retained by p.m. at work at work director, page 3 should should be filed with the 73 the 21. I certify that (I) (this hospital) that (I) (we) last altended the deceased from saw the deceased alive on. and that death occurred the 201M, from the causes and on the date stated above. 22a. SIGNATURE PHYS. DIRECTOR M.D. PHYSICIAN' 22c. 22d. BURIAL, CREMATION, 23b. REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY DR CREMATORY 23d. LDCATION (City, town or county) (State) 2 unpourler reeting 25h - REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR "arulana A|5 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09198 09198 CERTIFICATE OF DEATH death The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o COUNTY o. SIAJE Maryland b. COUNTY Baltimore

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) completely filled in by the fur lave carbon papers. Pages 1 y event, withmay hours after MARYLAND c EITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 Towson Cockeysville 21030 d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Greensway & Falls Road St. Joseph Hospital NO 3 NAME OF Middle 4 DATE DECEASED Guetler (Type or print) George Earl DEATH July 1967 9 AGE (In years 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH IF UNDER IF UNDER 24 HRS NEVER MARRIED last birthdoy) Months Doys Hours DIVORCED September 19,1918 and in any WIDOWED White Male gud 10o LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of work ng life, even if retired) COUNTRY? U.S.A INDUSTRY Sowling Lane Rechanic Baltimore, Maryland
14. MOTHER'S MAIDEN NAME Fairlanes, Inc. or remayal, Pinnie Oldham Guetler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes no, or unknown) (If yes give war or dates of service) Address Family records burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (6) Pulmonary thrombo-embolism DUE TO Conditions, if any, which gave rise to immediate cause (a), **DUE TO** stoting the underlying couse director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior tal 19 WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 🚘 NO F Carcinomatosis, primary in lung
20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of mury in Port I or Part II of item 18) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Harne, form. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While at work 21. I certify that the (this hospital) attended the deceased fram July 13, 1967, to July 22, 1967, that (4) (we) last saw the deceased alive of July 22, 1967, and that death accurred at 7:45 M, fram causes and an the date stated above. DIRECTOR: 220 SIGNATURE 22b DATE SIGNED MED DIRECTOR July 22, 1967 22c PHYSICIAN'S 22d ADDRESS TO FUNERAL NAME (Type) Reynaldo Oribela-Gomez, M. D. 7600 York Road, Towson 4, Md. 230 BURIAL, (REMATION, REMOVAL (Sperify) 23c NAME OF CEMETERY OR CREMATORY 23h DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) Unuid Ridge Cemetery Pikesville. Haruland 24 FUNERAL DIRECTOR REGISTRAR S S-GNATURE VR A15 (4) 25M 1/67 John Burns Sons, Touson, Maryland

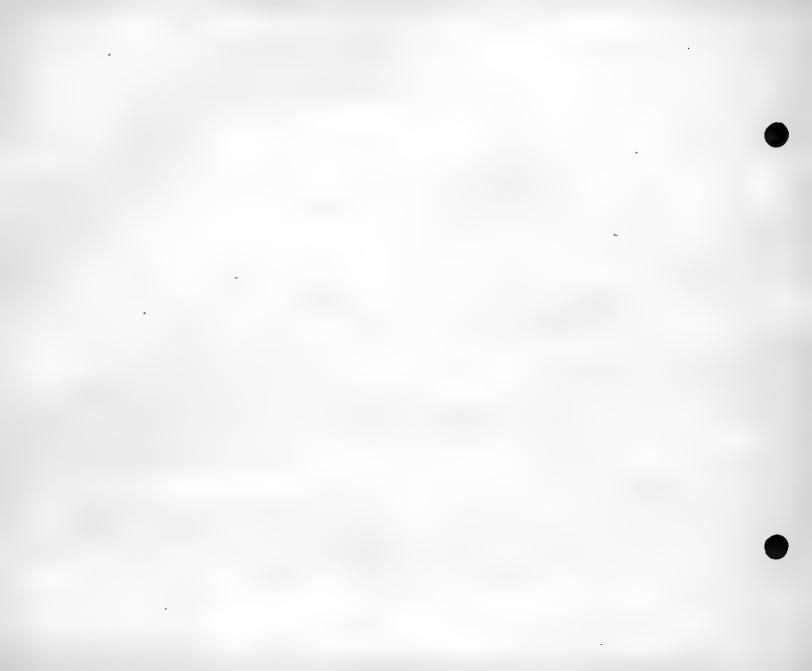


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #6 & 7 Film # 09199 CERTIFICATE OF DEATH haurs after death PLACE OF OFATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY p. STATE **6 COUNTY** Baltimore
b CITY OR TOWN (If outs de corporote limits, MARYLAND. Baltimore CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate firmts, write RURAL and give nearest town) write RURAL and give nearest town) Monkton Monkton .. Md d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RES DENCE ON # FARM? 24 YES NO F requires that the death certificate be executed within 3. NAME OF Grace Slade Guthrie Lost 4. DATE July Month, 1967 DECEASED OF (Type or print) DEATH à 5 S SEX OATE OF BIRTH 25,1879 9. AGE (in years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Months Hours and in any Whi te WIDOWED [DIVORCED pub 12 CITIZEN OF WHAT 10o USUAL OCCL PAT ON (Give kind of work done 10b KINO OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country)
Monkton, Md. physician on please COUNTRYP. S. A. during most of working life even if retired) INDUSTRY 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME or remayal, Alexander Guthrie Catherine Lanius 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. oiNaknown) (If was give wor or dates of service) Florence Guthrie, Monkton, Md. 21111 ourial, crematian, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) } INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BYon and IMMEDIATE CAUSE (o) DUE TO sis Cordin Vascular Ducaco Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse the the lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES 🗀 ΝŌ TO FUNERAL DIRECTOR: After this certificate PHYSICIAN: 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c, TIME OF INJURY Month, Doy, Year Not While foctory, street, office bldg., etc.) ATTENDING ot work of work 21. 1 certify that (1) (this hespital) attended the deceased fram 5-15, 1967, ta 7-24, 1967 that (1) (we) last saw the deceased olive an 7-23, 1967, and that death occurred at 123/2 M, from causes and on the date stated above. saw the deceased olive an___ 22p. SIGNATURE 22b DATE SIGNED DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Poge 4 may C. HE RBERT PARKTON MUELLE RJH NAME (Type) 21/20 director, should b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION, (County) (Stote) REMOVAL (Specify) Burial Baltimore, Co. Md. July 26,67 Clynmalira 25b. REGISTRAR'S SIGNATURE MOSE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) Wm. Cook-Brooks Towson, Towson, Md. 21204 OATE JUL 20 M 1/66

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BERT 1.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09039 CERTIFICATE OF DEATH 09200 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY Maryland b. COUNTY Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) CLENGTH OF STAY IN 15 c CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest tawn) Towson Baltimore 21234 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e 15 RESIDENCE ON A FARM? St. Joseph Hospital 9535 Powderhorn Lane NO YES 3 NAME OF Middle 4. DATE OF First Last Manth Day Year DECEASED FAASE George July 67 and in any event, (Type or pont) DEATH 19 S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 1 IINDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Months Days Hours September 22,1903 Male White WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of work done during man of warking life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT **COUNTRY?** attending physician sermit. Then please Maryland PALESMAN 14 MOTHER'S MAIDEN SAME 13. FATHER'S NAME or remayal, Orouches 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Ruptured abdominal aneurysm IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending as the prior to b lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS this certificate has PERFORMED? detached far use e Dept. of Health YES NO X 20a ACCIDENT WAS UNDERLYING [20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 2De PLACE OF INJURY (Hame farm, (City or town) (State) 20c T-ME OF INJURY Month, Day, Year (County) factory, street, affice bldg., etc.) Not While at wark at work **DIRECTOR:** After 21. I certify that (I) (this haspital) attended the deceased from July 27, 1967, ta July 27, 1967, that (I) (we) last saw the deceased alive an July 27, 1967, and that death accurred at 1:30M, from causes and an the date stated above. 22a SIGNATURE 22b. DATE SIGNED STAFF □ July 27, 1967 M.D. DIRECTOR 722d ADDRESS 7620 York Rd., Towson, Md. 21204 22c PHYSICIAN'S Frank A. Faraino, M.D. FUNERAL NAME (Type) directar, shauld b NAME OF COMETERY OR CREMATORY BUR AL CREMAT ON 23b. DATE THEREOF (County) (State) 0 25a REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) Marchy ynoge DATE AUG

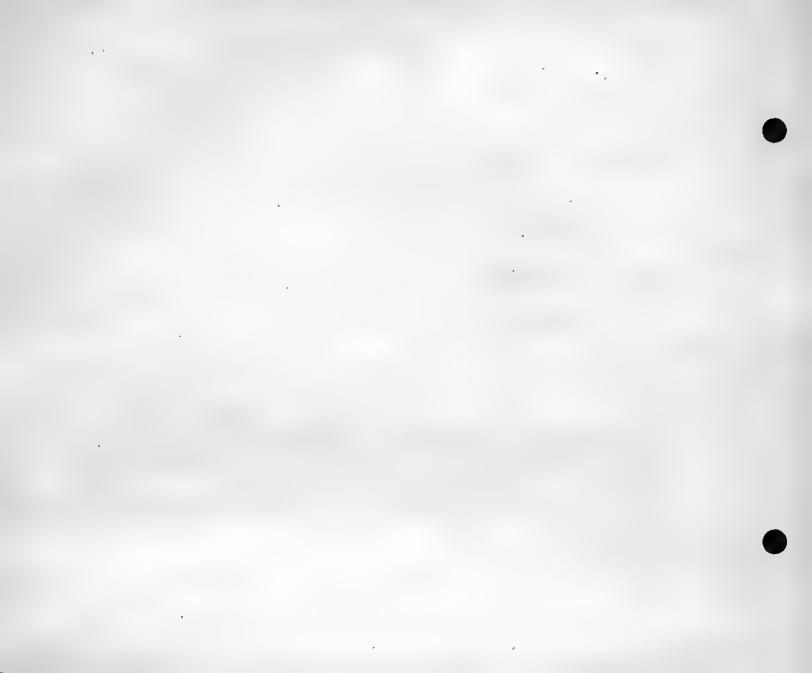


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY o STATE b COUNTY Alleg. delay is and 3 to A3. Page deoth Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and a ve rearest town)
Owings Mills, Md. 14 vrs Westernport d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours pencil in Item 18 Give Poges 1, Rosewood State Hospital 20 Main St. ate YES NO X hours ofter death otong with 3 NAME OF First Middle Lest 4 DATE Month Year DECEASED d) OF Peter Habeeb July James 167 6 (Type or print) DEATH S SEX 6 COLOR OR RACE IF ... NDFR 1 YFAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (n years b rihdov) Months Dovs Hours 7-12-29 Male White WIDOWED DIVORCED Office event ond 100 USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even fretired) U.S.A. IND., STRY Keyser, W. Va. ony pending ' in pencil in of Medical Examiner's none poges in any 13 FATHER'S NAME 14. MOTHER'S MA DEN NAME This certificate should be executed within Nettie Slailey Joseph F. Habeeb File WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes no, or unknown) [(If yes give wor or dates of service) permit or removol. Rosewood St. Hosp. Records none 18. CAUSE OF DEATH (Enter only one couse per ne for (a), (b) and (c).) NTERVAL BETWEEN DASET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (0) Asphyxia due to bolus of food in larynx writing the word cremation, DUE TO forwarded to the Conditions, if any, which gave Mental Deficiency rise to immediate couse (a), DUE TO stoting the underlying couse buriol, c PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? Spastic quadriplegia- Chr. Osteomyelitis the certificate, 0 NO F be 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of in Jry in Port I or Port I of tem 181) agent, prior PRIMARY Or CONTRIBUTING should none CAUSE OF DEATH. none 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy Year Not While Rosewood St. Hosp Owings Mills Balto Md. 7-6-67 19 at work at work please execute designated Inspection X Inquiry X. 21. I certify that I taak charge of the remains described above, held an Autopsy [7], and in my apinian may be retained for FUNERAL DIRECTOR: funeral director. death resulted from. Accident X. Homicide Undetermined manner Natural causes Suicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6 Hanovers Briefly Red Sterstown, Md. Heolth or **EXAMINER'S** 7-7-67 Caples, M. D. NAME (Type) BUR AL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 0 BUSEMOVAY (Specify) Rosewood (emetery Owings Mills. Eline & Sons Reisterstown, Md. VR A15ME (克

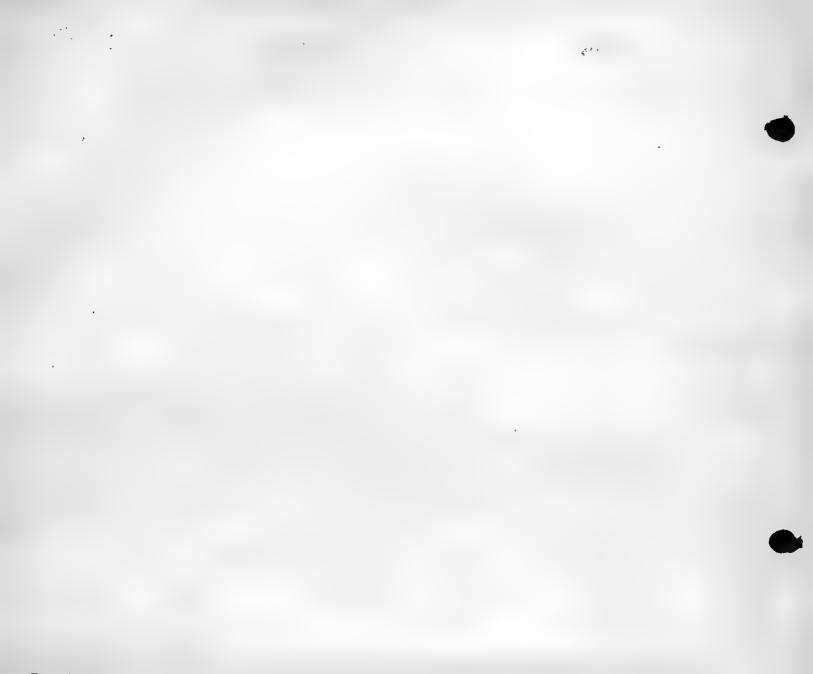
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death 1. PLACE OF OEATH
a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) b. COUNTY BALTIMORE ARYLAND B 'LTIMORE MARYLANO CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) near Towson, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) remove carbon papers in any event, within 72 t d. STREET AOORESS ON A FARM? 1001 Arran Road HCME: 1001 Arran Road NO X YES [etely executed within 3. NAME OF First Month Middle 4. DATE Year Last OECEASED (Type or print) HAROLD HABERCAN DEATH July 1967 6. COLOR OR RACE 7. MARRIEO X NEVER MARRIEO 5. SEX AGE (In years | FUNDER 1 YEAR | FUNOER 24 HRS | last birthday) | Months | Oays | Hours | Min. 8. DATE OF BIRTH 1 906 9. physician con please remove Dec. 31. 60 1**0**06 Male hite WICOWEO OIVORCEO -10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working, life, even if retired) **COUNTRY?** Retired Øbookkeeper Baltimore, Maryland certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova been signed by the attending plate burial-transit permit. Then by to burial, cremation, or remova Frank M. Habercam Rose Cunningham 16. SOCIAL SECURITY NO. | 17. INFORMANT : Wife 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) (If yes give war or dates of service) that the death 214-01-9663 Betty Mae Habercam, 1001 Arran Rd., BaltoCo 18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. OEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to immediate r this certificate has bee detached for use as the to Dent. of Health prior to **OUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? NO TI YES the hospital 20a, ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. FUNERAL OIRECTOR: After lirector, page 3 should be chould be filed with the State While Not While at work be retained How 202. 1974 21. I certify that (I) (this hospital) attended the deceased from , and that death occurred at 2 F.M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNEO 22a. SIGNATURE 22b. ATTENDING director, page should be filed M.O. PHYS. DIRECTOR PHYS. Page 4 may HOSPITAL 22c, PHYSICIAN'S 22d. AOORESS director, NAME (Type) FREDERICK 00 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION., 23b. OATE THEREOF (State REMOVAL (Specify) 9 Loudon Park Cemetery Balto. City, I'd. Buria. 24. FUNERAL OIRECTOR 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Stewart & Mowen Co., 108 W. North Av., City 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH transit permit. Then please remave carban papers. Pages 1 and 2 crematian, ar removal, and in any event, within 72 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY a. STATE b. COUNTY MARYLAND the attending physician and campletely filled in by the first permit. Then please remave carban papers. Pages c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest tawn d NAME OF HOSPITAL OR INSTITUTION (it not it hospital, give street address 15 RESIDENC ON A FARM YES NO F windin NAME OF DATE Lost Dov Year DECEASED OF DEATH 6 ne 19 Type or print The law remuires that the death certificate be executed SEX 9. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED lost burthday) Months Days Hours DIVORCED WIDOWED 100 USUA, OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT **INDUSTRY** moR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO burial, tscu1) Conditions, if any, which gave rise to immediate couse (a). DUE TO as the l stoting the underlying cause Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use e 3 should be detached for use ed with the State Dept. of Health NO YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18) 200 ACCIDENT WAS JNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour a.m. Nat While of work 21. I certify that (I) (this hospital) ottended the deceased from. and that death accurred at 6 M, fram causes and an the date stoted above saw the deceased alive on 22g. SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c, PHYSICIAN S NAME (Type) 23d-LOCATION (City or Town) (State) 230 BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) KOA It. BURTAL 2Sb. REGISTRAR S SIGNATURE **FUNERAL_DIRECTOR** VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death, PLACE OF OFATH 2. USUAL RESIDENCE (Where deceased Jiged, If institution: Residence before admission) a. COUNTY Jb. COUNTY 24 hours after arbon papers. Pages 1 the synthin 72 hours after MARYLAND OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b write RWRAL and give nearest town) a. IS RESIDENCE d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS ON A FARM? YES NO X within letely 3. NAME OF DECEASED Middle DATE Oay OF DEATH comple ve cart and current (Type or print) executed 5. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Last birthday) Months | Days | Hours | Min. DATE OF BIRTH 7. MARRIEO NEVER MARRIED DIVORCED ermit. Then please per poly, or removal, and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KING OF BUSINESS OR ounty & State, or foreign country) 12. CITIZEN OF WHAT þ during most of working life, even if retired) INOUSTRY death certificate FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no prunitown) | (If yes nive war or dates of service 16. SOCIAL SECURITY NO. ed by the attenctransit permit. (If yes hive war or dates of service) been signed by the the burial-transit for to burial, cremati CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) uem DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. After this certificate has be detached for use as State Dept, of Health prio 119. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? Hypertermine C-V. Diserve NO L 203. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING PHYSICIAN: 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work After p.m. at work DIRECTOR: Al age 3 should led with the S 21. I certify that (I) (this hospital) attended the deceased from M. from the causes and on the date stated above saw the deceased alive on and that death occurred at &c 22a. SIGNATURE 22b. ATTENOING MED. STAFF anney PHYS. M.D. PHYS. HOSPITAL PHYSICIAN'S NAME (Type) M. C. Porterfield O FUNERAL 22d. ADDRESS 22c. director, p should be f Hampstead, Md. (State) BURIAL, CREMATION, BATE THEREOF NAME OF SEMETERY OR CREMAJORY 23d. /LOCATION (City, town or REMOVAL (Specify) FUNERAL/DIRECTOR REC'D BY VR A15 (4) 20M 1/65

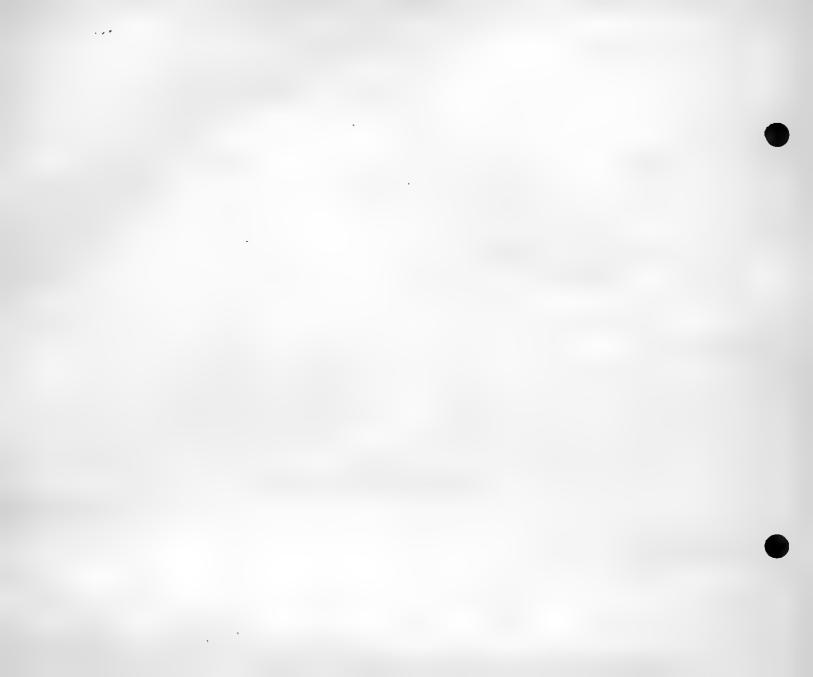


PRESTON STREET, BALTIMORE, MARYLAND 2120 Items 8 & 9 Film G 3-2 8/ NER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived of institution Residence before admission) o COUNTY C LENGTH OF STAY IN 16 IS RESIDENCE ON A FARM? (If not in haspital, give street address) NO AG in Item 18. Give Pages after death Office along with NAME OF Day Year DECEASED ELLEN 0F July 19 and in any event within 72 haurs after death 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during plost of working life, even if retired) Dome 13. FATHER'S NAME 14 MOTHER'S MAJOEN This certificate shauld be executed within in pencil 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c).) QNSET AND DEATH PART I DEATH WAS CAUSED BY IMMED ATE (AUSE (o) writing the word **DUE TO** Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse last. cremation, ar remaval, 19 WAS AUTOPSY PERFORMED? OLITER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERT F CATION CAUSE WAS DESCR BE HOW INJURY OCCURRED (Enter noture of in use in Post 1 or Port II as wern 18) 3 should CENTRIBUTING 🗀 MEDICAL fartory treet office bldg etc.) Not While may be retained for your FUNERAL DIRECTOR: Page of work Inspection -Inquiry and and in my apinian death resulted fram-Natural couses Accident . Suicide ... Hamicide Undetermined manner the funeral director 5 may TO FUNERAL L. Hearth priar to b CHIEF MED CAL EXAMINER ACTUAL SIGNATURE O DEPUTY **EXAMINER'S** Address 'Street city town or county VR A 15ME (5)



1	DIVISION OF	MARYLAND STATE DEPA VITAL RECORDS, 301 W. PRESTOI	RTMENT OF HEALTH N STREET, BALTIMORE, MARYLAND 21201	00000
: (. 2):	09206	CERTIFICATE	OF DEATH	09206
filled in by the luners ofter death poyers Poges 1 and thin 12 hours after death	b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	MARYLAND C LENGTH OF STAY IN 16	2 USUAŁ RESIDENCE (Where deceased lived if institution of STATE by COUNT by COUNT coursely on Town (H autside carparate limits write RUR)	Balto.
ted within 24 hapletery filled in the carbon povers; rent, within 72 ha	d. NAME OF HOSPITAL OR INSTITUTION (If not in 3 NAME OF DECEASED (Type or print) 5 SEX 6. COLOR OR RACE 7	med Conter	d STREET ADDRESS Lost Lost A. DATE OF DEATH DATE OF BIRTH 9 AGE (In years	e is res dence on a farma yes no Doy Year 19 G IF JINDER 1 YEAR IF UNDER 24 HRS
equires that the death certificate be executed with physician. Signed by the attending physician and completely buriel-transit permit then please remaive carbot buriel, cremation, ar remayal, and in any event, we	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if reflect) 13 FATHER'S NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES?	WIDOWED DIVORCED 10b KIND OF BUSINESS OR INDUSTRY	11 - 16 - 1886 last birthdoy) 11 BIRTHPLACE (County & Stote, or fareign country) 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME Address	Months Doys Hours Min. 12 CITIZEN OF WHAT COUNTRY?
physician. physician. signed by burial-tran	(Yes, no, or unknown) (If yes give war ar dates af so the control of the course part I DEATH (Enter only one cause part I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO (anditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (c)	per line for (a), (b), and (c)) Coreline receiver as Artaro schoolic co	dent desease	INTERVAL BETWEEN ONSET AND DEATH
IAN: 1	PART II OTHER SIGNIFICANT CONDITIONS CON Pennan prostatic 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19	20b. DESCRIBE HOW INJURY OCCURRED. (I	Enter noture of injury in Part I or Part II of item 1B.) E OF INJURY (Home, form, ry, street, affice bldg., etc.)	19 WAS A TOPSY PERFORMED? YES NO (County) (State)
Poge 4 may be retained by the haspital Puncal Director, page 3 should be detached for saud be filed with the State Dept of	21 I certify that (I) (this haspit saw the deceased alive an	13ruce MD	death accurred at Zov M, frank causes of ATTENDING DIRECTOR DIRECTOR PHYS 22d. ADDRESS.	, 19.6.7, that (1) (we) last and an the date stated above 22b. DATE SIGNED
TO HOSPITAL Poge 4 may Post 1 por 1	23g BURIAL, CREMAT ON, 23b DATE THERE REMOVAL (Soprov) 24 PUNERAL DIRECTOR ACOU HARMAN	1967 Juliane Vialler Juliane Vialler July Hew Treedon	REMATORY Men. Sand Jimon City or Town 23d LOCATION (City or Town Men. Sand Jimon 1 M 25d. RECID BY REGISTRAR DATE DATE	Balto (State) Balto Wd.

20. 1	DIVISION OF VITAL RECO	PRDS, 301 W. PRESTON STREET, BALTIMORE, M	MARYLAND 21201
The state of the s	69207	CERTIFICATE OF DEATH	09207
death.	1. PLACE OF DEATH a. COUNTY Balton Dae	MARYLAND 2 USUAL RESIDENCE (Where of	deceased lived, if institution: Residence before admission) b. COUNTY
The law requires that the death certificate be executed within 24 hours after death attending physicion. has been signed by the ottending physician and completely filled in by the funeral se as the buriol-transit permit. Then please remove corpan papers. Pages 1 and the prior to buriol, cremation, or removal, and in browner, within 72 hours after death 33.	b CITY OR TOWN (If autside corporate nimits, white RURA, and give nearest tawn)		arporate Hmits, write RURAL and give nearest town)
l 24 hau led in b lopers. in 72 ho	d NAME OF HOSPITAL OR INSTITUTION (If not in baspital, give		ukewood on 6 IS RESIDENCE ON A FARM? YES NO
within within celely file obean property file of within the celebrate wi	3. NAME OF PAIR First DECEASED (Type or print)		EATH July 21 1967
xecuted move of my see of	male Cauc, WIDOWED	NEVER MARRIED 8 DATE OF BIRTH 01 DIVORCED 10-17-02	9. AGE (In years lost burthday) Months Days Haurs Min
physicion. signed by the ottending physician ond surial-transit permit. Then please remburial, cremation, or removal, and in a	1Da USUAL OCCUPATION (Give kind af wark done during most of working life, even if retedd) INDUS	C//cott L	or foreign country) 12 CITIZEN OF WHAT COUNTRY? COUNTRY? A
tertifice g physi lhen pl movol,	James Harma	14. MOTHERS MA DEN NAME unknyy	AT = 3412 ALANTANIA
deoth trendin ermit. n, or rei	(Yes, na, or unknown) (If yes give war or dates of service) 2 /	S-14-5588 Formany Byles	ents Chart
hat the n. yy the c ansit po	18 CAUSE OF DEATH (Enter only one couse per line for (a), PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1 iocardist Inforetur	INTERVAL BETWEEN ONSET AND DEATH
The law requires the attending physicion. Thas been signed by se as the buriol-tratify prior to buriol, cre	Cand trans if any, which gave (b) ASCTO	eprosderotu Heart	obsease
law red nding F been s been s the b	stating the underlying couse (c) Phen		WIND IN PART (6) 119 WAS AUTOPSY
IAN: The law rectal or attending the last been stranged for use as the Efteath prior to be	Z Z		YES NO
PHYSICIAN: e haspital or his certificate groched for u		IBE HOW INJURY OCCURRED (Enter nature of injury in Part I RY OCCURRED 72De. PLACE OF INJURY (Hame, form,	2Df (City or town) (County) (Stote)
	Hour a.m. 19 While at wark	Not While foctory, street, affice bldg, etc.)	And a series A series A series A
ATTENDING etained by the CTOR: After to should be di	21. I certify that (1) (this haspital) attended saw the deceased alive on 3 U L Y '21	19 67 and that death accurred at 1.4	7. ta T424 27 , 19 47, that (1) (we) last AM, from causes and an the date stated above
O HOSPITAL OR ATTEND Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the	E//am	M D PHYS DIRECT MED. DIRECT ME	STAFF EN A A A A
O HOSPITAL Page 4 may O FUNERAL I director, pag	22c. PHYSICIANUS NAME (FYPE) 23g. 8URIAL, CREMAT.ON. 23b DATE THEREOF	23c NAME OF CEMETERY QR CREMATORY 2:	3d LOCATION (City or Town) (County) (State)
	BREMOVAL (Specify) 7-25-67	-AKEVICU-MEMORAL CEME ADDRESS 250 REGILEY R	FERY Balto Md.
VR A15 (4) 25M 1/67	Elkworth ARMACOST - 4600	LIBERTY HOLTS AVEDATE JUL	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 99208 CERTIFICATE OF DEATH the funeral ages 1 and 2 rs after death. O The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY MARYLAND b CITY OR TOWN (If outside corporate imits C. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate mits, write RURAL and give nearest town) write RURAL and give nearest town) CATOUSVILLE .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS SUMMIT NURSING HO filled YES NO TU NAME OF Middle DATE completely Year DECEASED RELL (Type or print) DEATH S. SEX 6 COLOR OR RACE IF UNDER 1 YEAR 7 MARRIED NEVER MARKIED AGE (In years lost birthdoy) Months Days Haurs WIDOWED DIVORCED pub 10a JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY? CARPENTER 13. FATHER'S NAME ar remayal, 14. MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES? Address ELLICOTT 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give war or dates of service 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) by the haspital or attending physician. DUE TO Conditions, if only, which gove T. HEMIPARESIS rise to immediate cause (a), DUE TO far use as the t stating the underlying couse 26 days CEREBRAL THROM BOSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [a] WAS AUTOPS CERTIFICATION PERFORMED? NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH , page 3 shauld be detached be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER W. CAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (Etty or town) (County) (State) Hour form. factory, street, office bldg , etc.) of work at work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from 15 JUNE, 1967, to 11-10-1 ., 19.6.2, that (I) (we) last Page 4 may be retained 6-144 1967, and that death accurred at 830PM, from causes and on the date stated above saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS 22d ADDRESS NAME (Type) IRWIN H. MOSS, M. D. 5836 WESTVIEW MALLIBALTOMD 21228 director, should by 23b DATE THEREOF (State) FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 DATE INFBURE



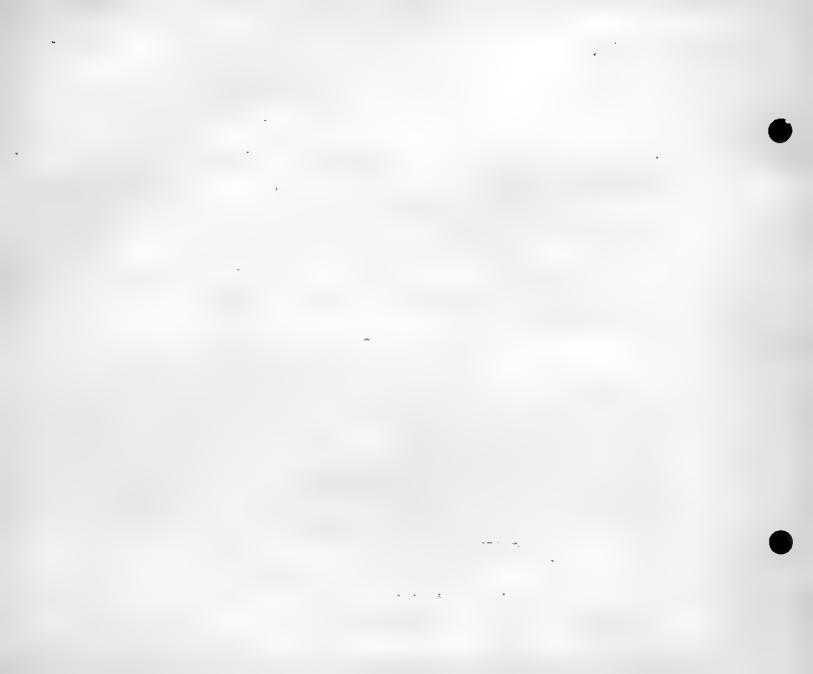
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1.	PLACE OF DEAT	н			2	. USUAL RESID	ENCE (Where	deceased lived, I	f Institution: Res	sidence befo	re edmiss
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_	b. CITY OR TOWN	(if outside comparate	a limits,	e. LENGTH OF STA			4/	prporata limits, wri			lown)
	Owings	Mills	n)	1 4 yes	ars	Owings M	ills				
	d. NAME OF HOSP	THAL OR INSTITUTI	ON (if not in ho	spilel, give streat edd	lress)	d. STREET ADDR					RESIDEN
	115 Alg:	ate Road				115 Alg	ate Roa	d			ON A FAR
	NAME OF DECEASED		First	Middle		Last	4. DATE		th	Day 1	Year
	(Type or print)	Mr. Chr	is toph	er	I	Hempel.	OF DEAT	H July	23	1	1967
	SEX	6. COLOR OR I		ED NEVER MARRI	ED [7] 8. D	ATE OF BIRTH		10 4014	LIE LINIDED 4 M	EAR! IF UND	DER 24 HR
	male	white	WIDOW	_	1 1	uly 7,18	183	lest birthday)	Months Da	Bys Hours	s Mtn
	Da. USUAL OCCUPA	TION (Give kind of	15 15 1	KIND OF BUSINESS OF	- I	11. BIRTHPLACE (C	County & Stele,	or foreign country		EN OF WHA	
	lone during most of w Self-emp		ratired Hor	me furni:	shing	Balt	imore,	Md.	U	.S.A.	
	. FATHER'S NAME	<u> </u>		Stor	14	MOTHER'S MAIL	DEN NAME				
	Will	iam Hem	pel			Unk	nown				
	. WAS DECEASED E	VER IN U.S. ARMED	FORCEST 16.	SOCIAL SECURITY N	NO. 17. INF			Addres	\$5		
[1	(es, no, or unkown)	(ITYes give werordat	es of service) 2:	18-28-41	36 Mrs	s. Willi	am Che	w Owin	gs Mil	1s, M	Id.
_	18. CAUSE OF	DEATH Enter only		line for (a), (b), and (INTERVAL	BETWEE
	PART I. DEA	TH WAS CAUSED E	SF (a)	.s.c.v.D.						ONSET AN	ND DEAT
	,										
		DU	E TO	00					1		
	Conditions, if an		E TO (Release	e les	Pr. Car	the .	der So	na)		
	gave rise to imma	y, which		Releasu	e by	Pn. Cap	lles,	fer flo	ne)	1	
		y, which	(b) (c)	Release	e by	Pr. Cap	the ,	fer flo	ne)_		
NO	gave rise to immar (e), stating the cause last.	y, which diate cause underlying	(c)	Religional NTRIBUTING TO DEAT						(e) 19, WA	S AUTO
ATION	gave rise to immar (e), stating the cause last.	y, which diate cause underlying DU	(c)							(e) 19, WA	S AUTO
THICATION	gave rise to immai (e), stating the causa last. PART II. OTHI	er Significant co	(c) COI		TH BUT NOT R	RELATED TO THE TE	RMINAL DISEAS	E CONDITION GI		PE	RFORME
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	gave rise to immai (e), stating the causa last. PART II. OTHI 20s. ACCIDENT Y OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJ Hour a.m. p.m.	er significant control of the cause underlying DU ER Significant control of the cause underlying Chexia VAS Underlying Cause of De. Y Medical Examiury Month, Date that (I) (this here)	(c) (c) ONDITIONS COLORN (c) ONDITIONS COLORN (c) ONDITIONS COLORN (c) ONDITIONS (c) O	INJURY OCCURRED IN Work In work Indeed the decease	OCCURRED.	(Enter nature of intu OF INJURY (Home, , street, office bldg.,	farm, 20f. (C. etc.)	er ti of item 18.)	(Count	YES	REORME NO
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10-1-5	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	08210 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09210
HEALTH DEPT	I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, f institution. Residence before admission)
3 to 3 to 3	o. COUNTY BALTO. MARYLAND O STATE and b COUNTY Balto
y delay is ond 3 to PM3. Page art relited	b CITY OR TOWN (If outside corporate limits, write RURA, and give negret flown) C ENGTH OF STAY IN 1b (CITY OR TOWN (If outside corporate limits, write RURA)
P. O. D. D.	Ballimore Ab days Ballimore
Dep Dep	d NAME OF HOSPITA. OR INSTITUTION (I not in hospital give street address) d STREET ADDRESS e IS RES DENCE ON A FARM?
hours after death If- tem 18. Give Pages 1, Office olang with farm an 2 with the Stote De event within/72 hours	DALLO. GO. Deveral TT Tryport Ca. YES NO X
after death 8. Give Page olang with with the Stor	3 NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
Give Give	(Type or print) CARRIE A. HERBOLD DEATH 7 4 1967 S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR FUNDER 24 HRS
olan (sith	E 10/ Manches Days Hours M.n.
hours Item 1 Office event	10g US, AL OCCUPATION (G. ve kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or forward country) 12 CT ZEN OF WHAT
4 S S S	during most of working life, even if retired INDUSTRY Home: Ballo. (OUNTRY? W. 54.
n pencil in 1 Exominer's File pages 1 ond in ony	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME
within n pencil Exominel File page	CONRAD SCHUMANN MANY SCHMIDT
	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address [Yes, no, or unknown] [(If yes give wor or dates of service)]
executed ending" is f Medicol it permit.	No Win rais. Acrosid (Same)
- ± ±	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (g).) PART I DEATH WAS CAUSED BY ONSET AND DEATH ONSET AND DEATH
d be d "F	IMMEDIATE (AUSE (a)
should be e ne word "pen a the Chief A buriol-tronsit mation, or re	Conditions, if ony, which gave) (1) Probable myser d'all fantion 20 min
e = = = = =	rise to immediate cause (a), stoting the underlying cause (b) DUE TO
irat ing ded ded as o	(c) or acute Europea arruttimia.
s cert-ficate should be b, writing the word "p forwarded ta the Chief used as o burial-tronsi	PART II OTHER'S GNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND'T ON GOVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
This critate, you be for do be use to both our to b	Transmitte L. Sup une 8, 1961 monted C-11-167 YES NO XI
	20g EXTERNAL CAUSE WAS PRIMARY — Or CONTR BUT NG CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH
MINER: This the certificate, the should be falles. 3 should be gent, prior to	CAUSE OF DEATH
execute the certificate, or. Page 4 should be fidency your files. TOR: Page 3 should be gnoted agroted ogent, prior to	
EXAM ute th uge 4 your your o oge	2 pm 6 Type otwork otwork of the control of the con
Eb.CAL EX ase executions of the control of the cont	21 I certify that I took charge of the remains described above, held on Autopsy [], Inspection [], Inquiry [], and in my opinion
se e ector need need need need need need need nee	deoth resulted from Noturol couses , Accident , Suicide , Homicide , Undetermined monner .
MEDTAL EXA please execute I director. Page retoined for you by the CTOR: Poge its designored or your designored or the control of the control	ACTUAL SIGNATURE D. & Caples . M.D. ASSISTANT MEDICAL EXAMINER . 22. DATE SIGNED
UTY Pry, leerol be r RAL or it	EXAMINER'S DEPUTY MEDICAL EXAMINER X
o DEPUTY MEDICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your o KUNERAL DIRECTOR: Page Health or its designated age	NAME (Type) D.D. EAPLES, M.D. Address (Street, city, town, or county)
0 = = = = = = = = = = = = = = = = = = =	230. BURIA_ CREMATION. 23b DATE THEREOF 23c NAME OF CEMELERY OR CREMATORY 23d OCATION (C ty or Town) (Caupty) (State)
	BURIAN 17-7-61 YOUGON VARK CEMETPRY DALTIMORE, NIX
VR A15ME (5)	111 01 1007 001 0 0
6M 1/66	Ellswarth Hamacast 4600 Liberty HEHTS, DATE UL 1 1961 July

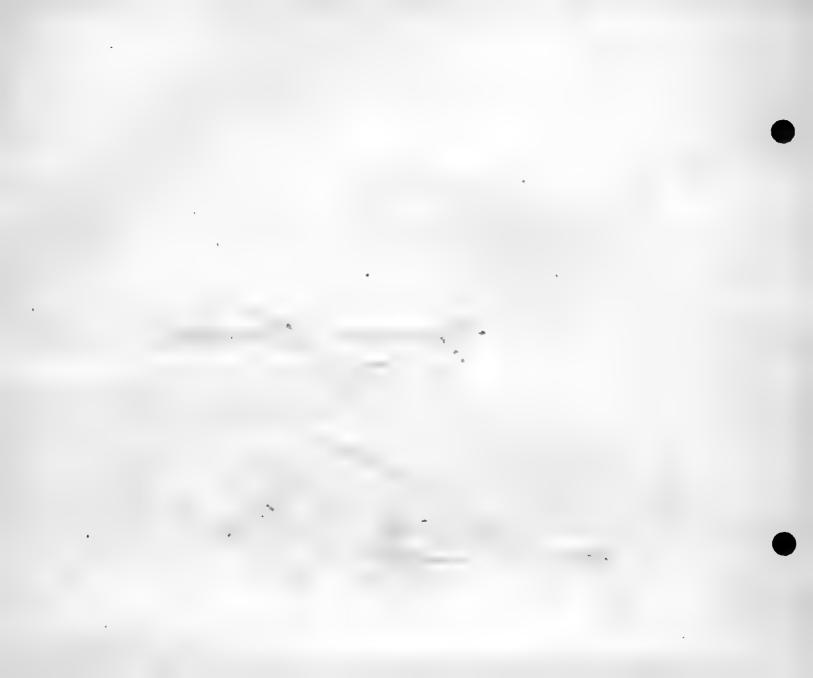
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09211 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COLINTY o. STATE h COUNTY 0 PM3. Page Baltimore MARYLAND Baltimore Maryland 3-4 State Department b CITY OR TOWN (If auts de carparate limits, CLENGTH OF STAY IN 1b. c CITY OR JOWN (flautside carparate in its write RURAL and alve negrest town) and write RURAL and give nearest town) Towson Towson d NAME OF HOSPITAL OR INSTITUTION (if not in haspital a ve street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? writing the word "pending" in penc.l .n Item 18. Give Pages 1, rwarded to the Chief Medical Examiner's Office along with form NO X YES St. Joseph Hospita 606_Baltimore Avenue haurs ofter death 3 NAME OF 4 DATE Last DECEASED (Type or print) DEATH TIMOTHY NEVER MARRIED permit. File pages land2 with 5 SEX AGE (In years JE HNDER F., NDFR 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH last birthday) Manths DIVORCED WIDOWED within 72 hours ofter death White 6 Dave Ob KIND OF BUSINESS OR BIRTHPLACE (State or foreign country 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done during most of working Life, even if retired) INDUSTRY 13. FATHER'S NAME This certificate should be executed within 14 MOTHER'S MAIDEN NAME CONFER 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, ar unknown). If It was give war ar dates of service) none no none 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN buriof-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY event Sudden unexpected death in infancy ,MMEDIATE CAUSE (o) DUE TO and in ony Conditions, if any, which gave (b) rise ta immediate couse (a), please execute the certificate, writing the I director. Page 4 should be forwarded to DUE TO stating the underlying couse 9 last nsed cremotion, or removol, PART I, OTHER SIGNLE-CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NÓ be 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Part, or Part II of item 8) 3 should PRIMARY C ar CONTRIBUTING C **CAUSE OF DEATH** MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Not While Hour a.m. factory, street, affice blda, etc.) FUNERAL DIRECTOR: Page at wark 21. 1 certify that I took charge of the remains described above, held an Autapsy X, Inspection . Inquiry . and in my apinian death resulted from. Natural causes Acc dent Suicide 1 Hamic de Undetermined manner be retained ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER Drior 1 SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health 1 may Address (Street, city, town, or county) NAME (Type) Russell S. Fisher, M.D. Iulv_26_ 1967 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (C ty or Tawn (State) ADDRESS 24 FUNERAL DIRECTO 25a, REC'D BY REGISTRAR REGISIR VR A15ME (5) 6M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09212 39212 CERTIFICATE OF DEATH mquires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Baltimore **b** COUNTY o. STATE Balto. MARYLAND signed by the attending physician and campletely filled in by the f butial-transit permit. Then please remave carbas peagers. Pages b (ITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 Reisterstown d NAME OF HOSP TAL OR INSTITUTION (If not in hospitol, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? Thestnut Hill Lane hestnut Hill Lane NO X YES NAME OF 4 DATE Doy Year DECEASED OF DEATH Edward 20, Hewen 67 19 (Type or print) SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH **NEVER MARRIED** birthday) Months Doys Male White Hours WIDOWED TOO USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working like, even if refired returned vice President COUNTRACA INDESTRY Balto. Union 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, ar remaval, Charles K. Hewes Mary Brandenburg 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) stelle S. Hewes Reisterstown, Md. CAUSE OF DEATH (Enter only one couse per line (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO stoting the underlying couse this certificate has been 3 shauld be detached for use as the with the State Dept. af Health priar ta lost. WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION No 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED LEtter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not While of work ot work After 21. I certify that (1) (this haspital) attended the deceased and that death occurred at 6 __M, from causes and O FUNERAL DIRECTOR: the date stated above saw the deceased alive an on 22b DATE SIGNED 22o. SIGNATURE ATTENDING PHYS PHYS directar, page shauld be filed 22d_ADDRESS 22c PHYSICIANS NAME Type OF TEMETERY OR CREMATOR DATE THEREOF LOCATION (City or Town) (County) (Stote) Ridge Cemetery 250. REC'D BY REGISTRAN 24. FUNERAL DIRECTOR 1967 Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

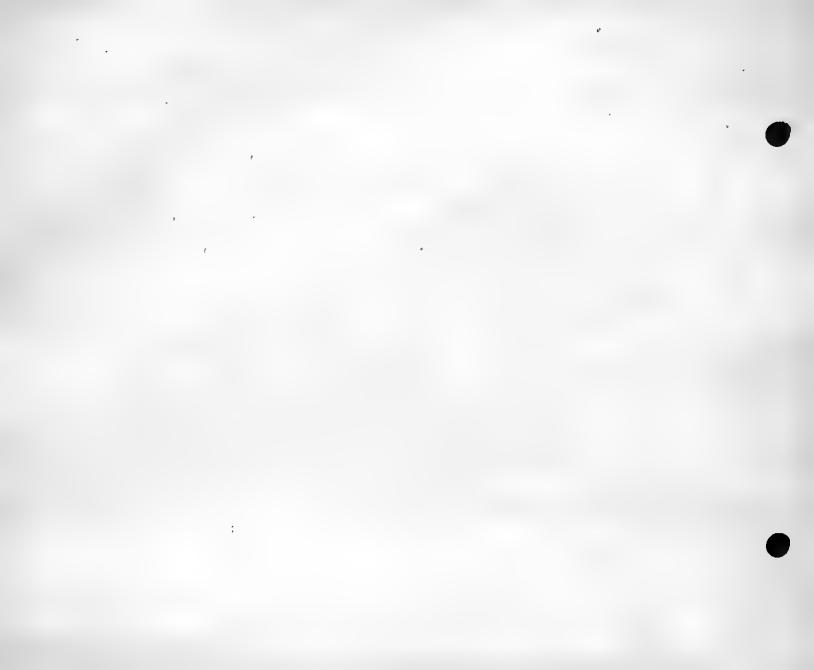


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a. STATE b. COUNTY o COUNTY MARYLAND b CITY OR TOWN (IF c LENGTH OF STAY IN 1b c CITY OR TOWN autside corporate limits, write RURAL and give neorest town the attending physicion and completely filled in by this is permit. Then please remove carbon papers. Pag write RURAL and IS RESIDENCE ON A FARM? d STREET ADDRESS NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO NAME OF DATE Month Doy Year DECEASED OF 19 (Type or print) DEATH en', 1 YEAR IF UNDER 24 HRS SEX DATE OF BIRTH 9. AGE (In years IF UNDER 6. COLOR OR RACE 7 MARRIED ost birthdoy) Months Days Hours WIDOWED DIVOR CED burial, cremotion, or removal, and in any 10a USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT KIND OF BUSINESS OR 10b COUNTRY? during most of warking Life, even if retired) INDUSTRY MAINTANCE WN GEMETERY 13. FATHER 5 NAME MOTHER'S MAIDEN NAME INFORMANT 17 Address WAS DECEASED EVER IN U.S. ARMED FORCES? SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service INTERVAL BETWEE CAUSE OF DEATH (Enter only one cause per line burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' signed by Page 4 may be retained by the hospital or attending physicion. Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause os the priar to l this certificate has been last WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CERTIFICATION be detached for use State Dept. of Health NO 20a ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (State) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg, etc.) Hour a.m While Nat While at work at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram 3 should with the 102 and that death occurred saw the deceased olive an from couses and on the date stated obove at 22a. SIGNATURE DIRECTOR M.D. PHYS r, poge be filed 22d **ADDRESS** 22c PHYSICIAN'S SIMON NAME (Type) director, ploods 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (State) BURIAL, CREMATION RPMOVAL (Specify REC'D BY REGISTRAR FUNERAL VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09214 09214 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours giber, deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Baltimore a STATE Maryland
c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (if autside carporate limits. E. LENGTH OF STAY IN 1b. write RURAL and give nearest town) Parkton #21120 d. NAME OF HOSPITAL OR INSTITUTION (If not is haspital, give street address) Cordon Saw IS RESIDENCE NO D 3 NAME OF 4 DATE DECEASED DEATH (Type or pont) Bisker Randolf Hollingshead 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX NEVER MARRIED 6 COLOR OR RACE 7. MARRIED last birthday) Months Male White WIDOWED DIVORCED | March 16,1920 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN QE WHAT physician c ien please during mast at working lites even if retired) INDUSTRY Va Whitehall, Maryland Penna. Railroad 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no arenknown) (If yes give wor or dotes af service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN burnal-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Respiratory acidosis IMMEDIATE CAUSE (a). XXXXXXXX Hypeventilation. Canditians, if any, which gave " rise to immediate cause (o), **HINDE** stating the underlying couse this certificate has been Obesity. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPS' PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm (City or town) (State) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) Not While factory, street, office bldq, etc.) at work at work 21. I certify that (1) (this haspital) attended the deceased fram July 3, 1967, to July 10, 167, that (1) (we) last saw the deceased from July 10, 1967, and that death accurred at 6:35 My fram causes and on the date stated above saw the deceased hive an 22g. SIGNATURE 22b. DATE SIGNED July 10, 1967 DIRECTOR PHYS M.D. director, poge should be filed 22d. ADDRESS TO FUNERAL NAME (Type) M. S. Cockburn, M.D. 7620 York Road, Towson, Md. 21204 DATE THEREO! (Stote) 23a BUR AL CREMATION. EMOVAL (Specify) FUNERAL DIRECTO VR A15 (4) 25M 1/67

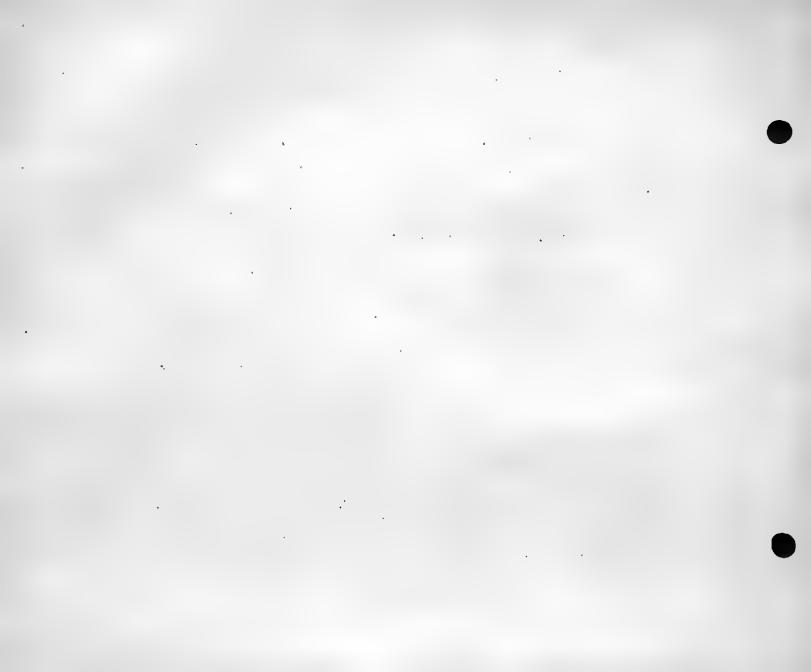


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funeral PLACE OF DEATH b. COUNTY a. COUNTY BALTIMORE MARYLAND Wathin 72 hours after b CITY OR TOWN (If gutside catparate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (. Fourside corporate limits, write RURAL and give nearest town) and give nearest town TONS TIMORE d STREET ADDRESS e IS RESIDENC INSTITUTION (If not in hospital, give street address) ON A FARM? YES NO K low requires that the death certificate be executed within NAME OF Middle DATE Day Year by the ottending physicion and completely rousit permit. Then please remove corpor DECEASED OF DEATH HOWARD DNENCUI 19 Type or pont pleose remove cor S SEX AGE (In years IE UNDER last bythday) Months Haurs WIDOWED DIVORCED 10b, KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 10a. US_AL OCCUPATION (Give kind of work done BIRTHPLACE (County & State, or foreign country) during mediat warking life, even if retired) NNESEE 13. FATHER S NAME or removal WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, ar unknown) (If yes give war or dates of service) NONE burial, cremotion, 18. CAUSE OF DEATH (Enter anly one cause per line for (a), INTERVA. BETWEEN signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO r this certificate has been si detoched for use as the bi te Dept. of Health prior to bu stating the underlying couse Page 4 may be retained by the hospital or ottending last WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or fown) Hour am. factory, street, affice bldg, etc.) Not While of work at work TO FUNERAL DIRECTOR: After 1962 to 7-29-, 1967, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. - 28 1967, and that death accurred at 930/2 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 6209 Frederick director, p 23¢ NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) 23b. DATE THEREOF BURIAL CREMATION REMOVAL (Specify) ALTIMORE 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

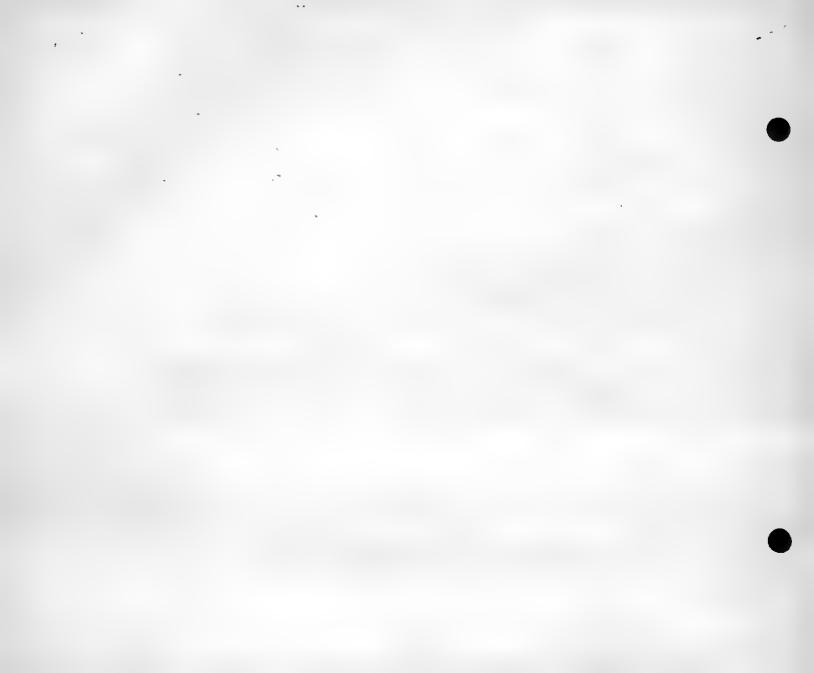
MARYLAND STATE DEPARTMENT OF HEALTH



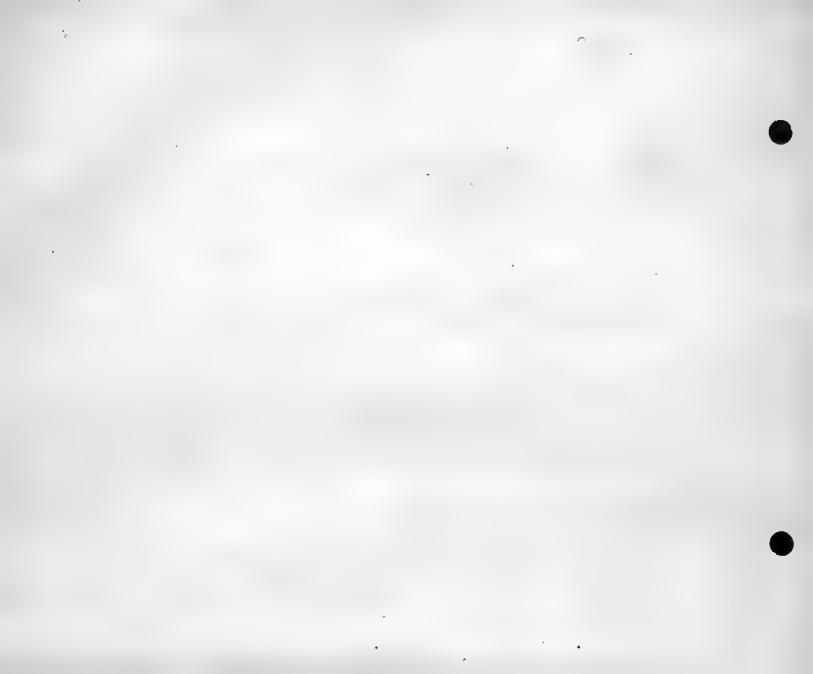
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COHNTY Baltimore hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) days lowson. owson 12 bon papers. within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS IS RESIDENCE ON A FARM? Dulaneu-Towson ursing Home hesapeake tivenue NO X YES within carbon NAME OF First Middle Last DATE Month Year DECEASED Honn (Type or print) Adam 1967 DE COMP DEATH executed SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. ешойе OATE OF BIRTH 8. 7. MARRIEO NEVER MARRIEO WIDOWED F DIVORGEO 1Da. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY sicia ease and Stonemason- ret. emploued raruland death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal donn Innie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. cremation, or n 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 10 lone the CAUSE OF DEATH [Enter only one cause per line for (a). INTERVAL BETWEEN law requires that the been signed transit the burial, crema ONSEL AND OEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. 21 cete DUE TO Conditions, if any, which (b) gave rise to immediate OUE TO (a), stating underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? YES NO TO the hospital 2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. CTOR: After should be d While Not Whlie at work at work p.m. to 6 Veck, 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the 19.6-7, and that death occurred at 12.60 AM, from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE OATE SICNED 22b. page ATTENDING MEO. STAFF OIRECTOR O HOSPITAL FUNERAL 220. PHYSICIAN'S 22d. **AODRESS** director, p should be NAME (Type) BURIAL, CREMATION, 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. (State) REMOVAL (Specify) 0 le.Har'ord 25a. REC'O BY RECISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 25b. i aruland Surns VR A15 (4) 2DM 1/65

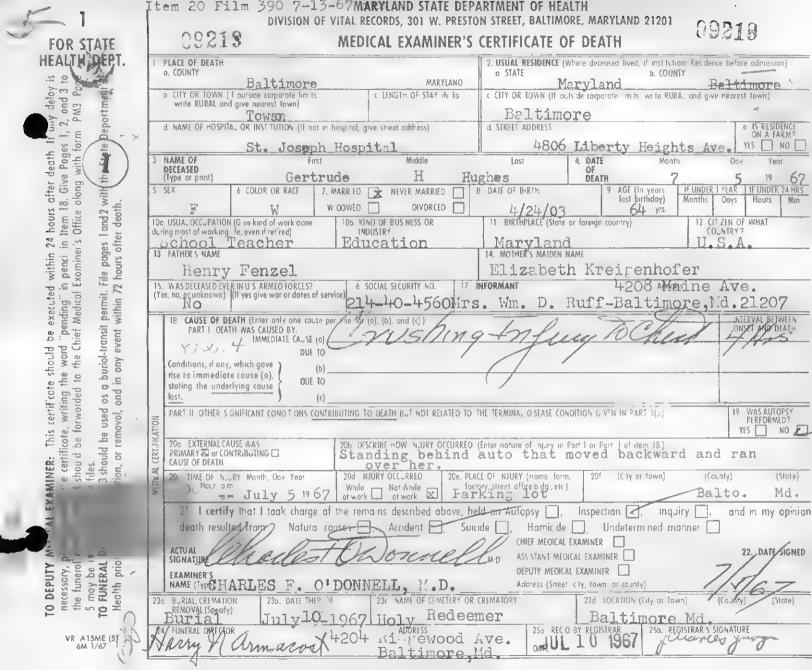


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution) Residence before odmission) o COUNTY o STATE b COUNTY / MARYLAND Department b. CITY OR TOWN (If outside corporate im to CLENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) and P.M3. write RURAL and give necrest town) SADENA CW50N d NAME OF HOSPITAL OR NSTITUTION (If not in hosp tol, give street ordress) d STREET ADDRESS Office along with form 3 NAME OF 4 DATE DECEASED OF CORBIN DEATH (Type or print) 5 SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED AGE (n years F UNDER 1 YEAR IF UNDER 24 HRS lost birthdov) Months DIVORCED W DOWED 100 USUA, OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR tote or foreign country) 12 CITIZEN OF WHAT during most of working the even if retired) COUNTRY 7 Examiner's Sandel be executed within pencil 13 FATHER S NAM IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Medical ((Yes, no, or upknown) (If yes give wor or dates of 16-865 ne for (g) 1B CAUSE OF DEATH (Enter only one couse per (b) _and (c) event PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) writing the word DUE TO forwarded to the in any Conditions if any, which gove nse to immediate cause (a), DUE TO stoting the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS ALTOPSY PERFORMED? or removal, CERTIFICATION NO. 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature at injury in Port I or Port II of Itam IB) 3 should PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH cremation, MEDICAL 20c TIME OF JULIEY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m. Not While foctory, street, office bldg., etc.) at wark 21. I certify that I taak charge of the remains desembed above held an Autapsy Inspection -Inquiry and in my opinion death resulted frama Natural couses Accident Hamicide Undetermined manner Suicide funerol director 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heo!th O'DONNELL. Address (Street, city, town, or county) DATE THEREOF 23d LOCATION (City or (County) 0 VR A 15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE. b. COUNTY MARYLAND b. GITY OR TOWN (If outside corporate limits CLENGTH OF STAY IN 16 c CITY OR write RURAL and give negrest town ã filled in papers d NAME OF HOSPITAL OR INSTITUT ON (If not a hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? within 72 YES DE NO T **b**án NAME OF Middle DATE Month Year Doy completely DECEASED COL (Type or pnnt) S SEX × IF UNDER 1 YEAR IF UNDER 24 HR 6 COLOR OR RACE 7. MARRIED AGE (In years **NEVER MARRIED** rymave On Name lost birthdoy) Months Dovs Hours WIDOWED DIVORCED and 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT and in physician o during most of working life, even if regred) INDUSTRY 13. FATHER S NAME signed by the attending physi burial-transit permit. Then pl burial, cremation, ar remaval, 17. INFORMAN WAS DECEASED EVER IN U. S. ARMED FORCES' 16 SOCIAL SECURITY NO Address (If yes give wor or dates of service) CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) attending physician. DUE TO rostradenocercenoma. Conditions, if ony, which gove rise to immediate couse (a), DUE TO storing the underlying couse O FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health prior to lost. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES NO F by the hospital ar PHYSICIAN: 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this haspital) attended the deceased from phase. , that (I) (we) last be retained director, page 3 shauld shauld be filed with the , and that death occurred at M, fram causes and an the date stated above saw the deceased alive on 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS PHYS. 22d. ADDRESS O HOSPITAL 22r. PHYSICIAN'S NAME (Type) hop 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) July 18,1967 Glen Arm, Maryland Sisters Cemetery . a. FUNERAL DIRECTOR 817 Scarlett I 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Curran VR A15 (4) DATE JUL 25 20 M 1/66 Towson. Maryland

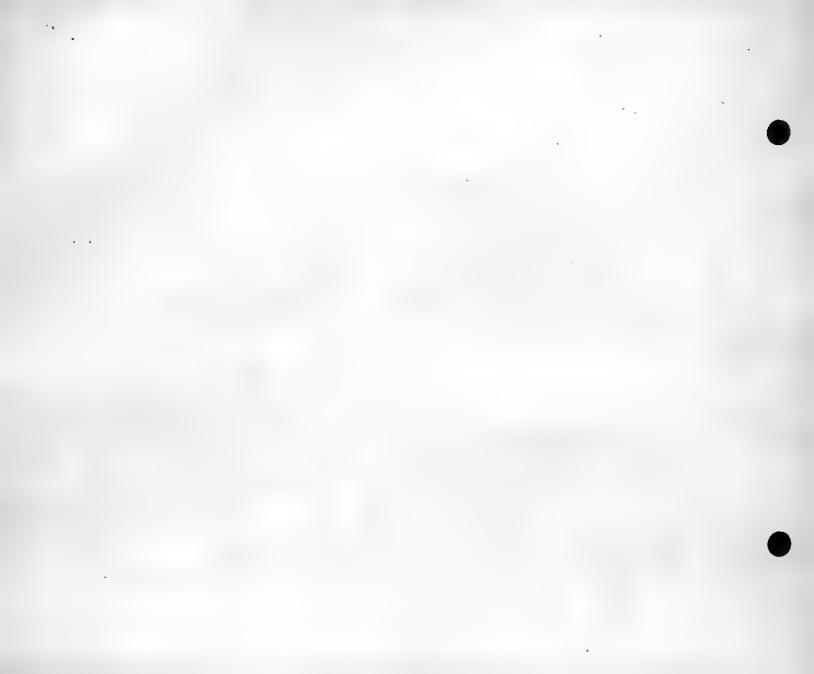






MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09220 00236 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY o STATE b COUNTY Baltimore County MARY_AND Maryland Baltimore b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and Departi Essex. vears d NAME OF HDSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? form YES NO 🖊 Item 18 Give Rages 2100 Tred-Avon Rd 2100 Tred-Aven Rd hours after death atang with NAME OF Middle 4 DATE Doy Year DECEASED Type or print DEATH SEX 6. CO.DR OR DATE OF BIRTH 9. AGE 7 MARRIED **NEVER MARRIED** Days Hours with n 72 haurs after death Female DIVORCED April 21, 1895 Caucasian W IDOWED should be farwarded to the Chief Medical Examiner's Office pages land2 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Steam Table Operator Glen L. **COUNTRY?** Annapelis, Md. Martin U.J.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil This certificate should be executed within William D. K. Lee Mary Larrimore 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war ar dates of service "pending" Mrs. Elizabeth A. Sternberg Balto 29 .4d. No 18. CAUSE OF DEATH (Enter only one cause per line NTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH and in any event IMMEDIATE CAUSE (6) writing the word DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause S last. remaval, PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERM NAL D SEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED" CERTIFICATION the certificate, 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of item 18) 3 should PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH crematian, WED CAL 204 INJURY OCCURRED 20e PLACE OF INTURY (home, farm (City or town) 20c TIME OF INJURY Month Day, Year (County) factory, street, office bldg., etc.) Not While at work at work 21. I certify that I took charge of the remains described above, held on Autopsy may be retained far FUNERAL DIRECTOR: Inspection D and in my apinion the funeral director. death resulted fram-Natural causes Acc dent Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAM NER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** ro FUNEF NAME (Type) Address (Street, city, tawh, or bunty) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BUR AL CREMATION, (County) REMOVAL (Specify) Maryla Cath Annanali REC D BY REGISTRAR 6 Charles F. Bell, Jr. VR A15ME (5) 6M 1767 opping F.H. 172 West St. Annanali

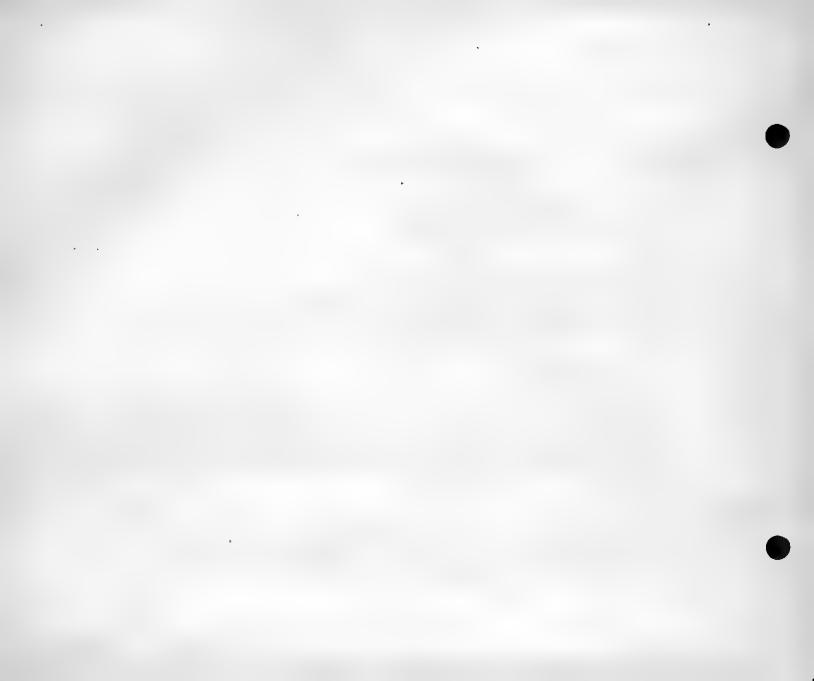




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY **b** COUNTY Marvland 9 Baltimore Baltimore MARYLAND b CIY OR TOWN (If outside carporate limits, r LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) write RURAL and give necrest tawn) vears Timonium Timonium a NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 00 19 Sam Will Avenue 19 Sam Will Avenue NO X YES Give Pages 3 NAME OF Midd e Lost 4 DATE Year DECEASED EDWIN LEE IRETON (Type or print) DEATH S SEX 6 COLOR OR RACE 7 MARRIED TY NEVER MARRIED 8 DATE OF BIRTH (In years last birthday) Months Male White Haurs 6 ony event within 72 hours ofter deoth WIDOWED DIVORCED February 10, 1910 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign con try) 12 C TIZEN OF WHAT U.S.A. Black and Decker Webb, Dewey Co.Oklahoma Maker pending in pencil in of Medical Exominer's pencil 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME MEDICAL EXAMINER: This certificate should be executed within Winfield Scott Ireton Alvira Frances Shaner IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) ((If yes give wor or dotes of service 567-27-2708 Mrs. Violet M. Ireton. Same as # INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (6), (b) Zand (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) certificate, writing the word ould be forworded to the Ch DUE TO Conditions, if ony, which gove use to immediate couse (a). DUF TO stating the underlying couse lost. removol PART II. OTHER SIGN F CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AJTOPS PERFORMED? CERTIFICATION NO F 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW NOURY OCCURRED (Enter nature of njury in Port I or Port II of term 18) 3 should PRIMARY CONTRIBUTING C cremation, or CAUSE OF DEATH. MEDICAL 20c T ME OF NJURY Month, Doy, Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home form. 20! (City or fown) (County) (State) factory, street, office bidg , etc.) Not While of work at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🖟 vilupn. and in my apinian death resulted from: Natural causes . Accident Suicide Hamicide Ungetermined manner CHIEF MED CAL EXAMINER 22/DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL I DEPUTY MEDICAL EXAM NER **EXAMINER'S** Heolth NAME (Type) Address (Street, city, fown, or county) Charles O'Donnell 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23d LOCAT ON (City or Town) 0 July 31, 1967 Dulaney Valley Cemetery Cockeysville, Maryland 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5) Wm. Cook-Brooks Towson, 1050 York Road 6M 1/67 Towson, Maryland 21204



MARYLAND STATE DEPARTMENT OF HEALTH 69233 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08223 CERTIFICATE OF DEATH on popers. Pages 1 and 2 Within-72 hours after death. The funeral 24 hours offer death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY P o. COUNTY o. STATE in by the ... Baltimore George's MARYLAND b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)
Catonsville c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate firmits, write RURAL and give nearest town) 1mth5dvs West Hyattsville, Maryland d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? GROVE STATE HOSPITAL 3501 Toledo Terrace YES NO law requires that the death certificate be executed within 3 NAME OF Middle 4 DATE Month Doy Year DECEASED S. July John 67 Jackson \mathbf{n} (Type or print) DEATH 19 and in ony event, remove cor comple S SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH ost b rthdoy) Months Hours white Jan. 28. 1907 male WIDOWED DIVORCED puo 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT ireight attending physician operate during most of working life, even if retired) warehouse manager COUNTRY? Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremotian, or removal, Thompson William Emma 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service HOSPITAL Records: SPRING GROVE STATE 18 CAUSE OF DEATH (Enter only one couse per Impartor (o), (b), and (c))
PART I DEATH WAS CAUSED BY NTERVAL BETWEEN the buriol-trans.t ONSET AND DEATH RONCHOPNENIMONIA ATERAL IMMEDIATE CAUSE (o) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician. DUE TO signed I Conditions, if ony, which gave (b) rise to immediate couse (o), DUE TO stating the underlying couse this certificate has been d for use as the of Health prior to (c) WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION NO 20o ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o.m. factory, street, office bldg., etc.) Not While of work TO FUNERAL DIRECTOR: After pe 21 1 certify that (f) (this haspital) attended the deceased from saw the deceased alive an 19 19 19 67 and the June July 1967, that (X) (we) last director, page 3 should should be filed with the and that death accurred at M, fram causes and an the date stated above. saw the deceased alive an p. 22o. SIGNATURE MED DIRECTOR M.D. GRO VE 22c. PHYSICIAN'S NAME (Type) Maryland 21228 Baltimore. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY (County) (Stote) REC'O BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09224 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) Baltimore, 21224 Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS 405 S. Robinson St. St. Joseph Hospital YES 🔲 NO NAME OF 4. DATE Month Lost Day Year DECEASED OII DEATH JACOBS, Sr. DANTEL J. 19 67 14 July (Type or pnnt) 6. COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Male White January 19,1892 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT le, even if retired) (NDUSTRY.
AND Specific production of the control of the cont during most of working life, even if retired) COUNTRY? Baltimore. Md. Retired 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME burial, cremotian, ar removal, Frederick Jacobs Margaret J. Wagner IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Estelle Jacobs wifet, above 212-10-3745 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH Carcinomatosis IMMEDIATE CAUSE (o) TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if ony, which gove nse to immediate cause (o), DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO SE 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20o. ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bidg., etc.) of work 21. I certify that (1) (this haspital) attended the deceased fram June 30, 1967, to July 14, 1967, that (1) (we) lost saw the deceased alive an July 14 1967, and that death accurred of 6:40PM, from causes and on the date stated above. 22b. DATE SIGNED 220 SIGNATURE **ATTENDING** 7/14/67 M.D. PHYS DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Joel V. Tolentino, M.D. 7620 York Rd., Towson, Md. 21204 NAME (Type) 230 BUR-AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BMANT (Beda) 7/18/67 Baltimore, Md. Oak Lawn Cemeterv 250. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 1967 Mclianley Juage Brehms Lane



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY physician and completely filled in by the in please remove carbon papers. Pages 1 val, and in the event, within 72 hours after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Baltimore. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X executed within NAME DE Last DATE Month DECEASED 1967 ĎEATH (Type or print) AGE (In years IF UNDER 1 YEAR last birthday) Months Days 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Hours DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) certificate be COUNTRY? INDUSTRY LOREATS + MORTH OUS PLUKIE At Home Baltimore. Mariikavia. 13. FATHER'S NAME removal, MOTHER'S MAIDEN NAME Simon Lenora Singer Louis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT TO FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit, should be filed with the State Dept. of Health prior to burial, cremation, or law requires that the death (Yes, no. or unknwn) (If yes nive war or dates of service) Mrs. Joanne Solomon Great Neck 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN **ONSET AND DEATH** PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) don or attending physician. DUE TO Conditions. If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES T NO D be retained by the hospital 20a. ACCIDENT WAS UNDERLYING ()
OR CONTRIBUTING () CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 196 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 10:30rM, from the causes and on the date stated above saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. Page 4 may JALD. DIRECTOR PHYS. PHYSICIAN'S ADDRESS 22c. WWW (Type) UIC LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23c. REMOVAL (Specify) Chizuk Baltimore Harukand 25a. REC'D BY REGISTRAR - 25b. 24. FUNERAL DIRECTOR Levinson & Bros. 6010 Reisterstown Road VR A15 (4) 15M 4-64



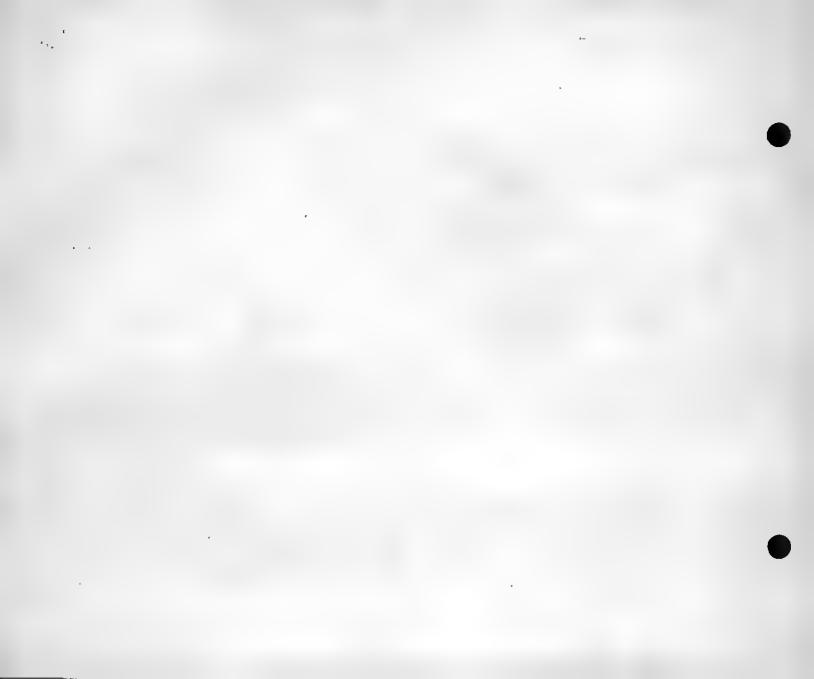
1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
9/-	09226 CERTIFICATE OF DEATH
death.	i. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss
	BALTIMORE MARYLAND MARYLAND
by Page	b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)
t hours ed in by Pers. Pag	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS O. IS RESIDEN
24 fille pape in 7.	Greater Balto Medical Center 2303 Sprim Lake DR. VES NO
cuted within 24 h completely filled ove carbon papers y event, within 72	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year
comple ve care	(Type or print) SKACE VIRGINIA JOHNSON BEATH JULY 3 196
executing and control in any e	last birthday) Months Days Hours M
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icate be physician n please val, and ir	House wife New York City U.S
tifica ng ph hen p	To the First Control of the Property of the Pr
ath cerl attendin rmit. Th	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
death c ne atten permit. Iion, or	(Yes, no, or unknown) (If yes give war or dates of service) 103-07-2633 J. Fred Johnson same as 2
y the sit	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]
law requires that the attending physician, thas been signed be as the burial-tranth prior to burial, creath prior to burial, creath	IMMEDIATE GAUSE (a) CONCER of The Breast (Caromoma)
res that physician signed l urial-tra	Conditions, if any, which) (b)
requir ding p been the b	gave rise to immediate cause (a), stating the DUE TO
ttend ttend has as as priol	Underlying cause last.) (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
I. The Istal or at ficate health	PERFORMED YES NO
で 単語 (単立) エー・	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
PHYSICIAN: the hospital this certifi detached fo te Dept. of H	
ING PHYSIC by the hos ifter this co be detache State Dept.	Hour a.m. (While Not While factory, street, office bldg., etc.)
5 7 4 5 m	p.m. 19 at work
ATTEND retained ECTOR: A 3 should with the	saw the deceased alive on 3. 1967, and that death occurred at 8.45M, from the causes and on the date stated about
E3 E 25	220. SIGNATURE SIGNED 220. DATE SIGNED 3 1967
PITAL 4 may lERAL I tor, pag	22c. PHYSICIANS DO TO ON TACALIE 22d. ADDRESS
TO HOSPITAL DR Page 4 may be TO FUNERAL DIR director, page should be filed	MEDICAL AKIS DULLDING
Par To Far She	232. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) July 7, 1967 Dulaney Valley Cemetery Cockeysville, Maryland
1	24. FUNERAL DIRECTOR ADDRESS 252. REGISTRAR'S SIGNATURE
VR AI5 (4)	Wm. Cook-Brooks Towsn1050 York Rd. 21204 DATE JUL 10 1957 francis gray



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09227 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY ALIIMORE C LENGTH OF STAY IN 16 b CITY OR TOWN (f gutside carporate mits. corporate limits, write RURAL and give nearest town) and Thrite RURAL and give nearest town) PM3 tau d NAME OF HOSPITA, OR INSTITUTION (If not in hospitat, give street oddress ON A FARMS in penal in Item 18. Give Pages YES NO I 24 hours after death 3 NAME OF DATE Year DECEASED 10HNSO111 19 (Type or print DEATH Office along 7 MARRIED Months WIDOWED 106 KIND OF BUSINESS OR BIR HPLACE (State or foreign country) 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done INDUSTRY COUNTRY? event within 72 hours ofter Maryland Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME This certificate should be executed within Frank King Annie Dean Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) (If yes give war ar dates of service) No Mr. Lawrence G. Johnson same address None None INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), fo), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMED ATE CAUSE (0) 7 d d DIJE TO Conditions, if any, which gave rise to immediate couse (a), forworded to DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONPTYON GIVEN IN PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO NO D 4 should be 200, EXTERNA, CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) PRIMARY Or CONTRIBUTING Ь CAUSE OF DEATH 20e PLACE OF INJURY (Home, farm (City or town) (County) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o.m. foctory, street, office bldg, etc.) Not While of work at work 21. I certify that I took charge of the remains described above, held an Autapsy Inspect on I Inquiry and in my apinian Accident Suicide . deoth resulted from. Natural causes & Hamicide i Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funerol O DEPUTY DEPUTY MED CAL EXAM NER EXAMINER'S Health Address (Street, city, town or county) NAME (Type) 23d JCAHON IC by or Town 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY Garden of Faith Cemetery Baltimore, Md. RECUD BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5) 6M 1/67

11 _

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09228 09228 CERTIFICATE OF DEATH haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY Baltimore Maryland MARYLAND Wicomico b CITY OR TOWN (if autside carparate nimits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs 53 Days Fort Howard Salisbury filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Veterans Administration Hospital 502 Woodlym Street YES NO X mt, within campletely fi NAME OF Middle First 4 DATE Last Manth Doy DECEASED ARTHUR MATELIAM JONES July (Type or pnnt) DEATH s SEX 7 MARRIED X 9. AGE (In years 6 COLOR OR RACE 8. DATE OF BIRTH IF JNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED remaye last birthday) Months Haurs WIDOWED DIVORCED Nov. 16, 1916 Male Negro and 10a USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician a COUNTRY? U.S.A. INDUSTRY burial, crematian, ar remayal, and Westover, Maryland Cook Canning Factory 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Willie Jomes Elizabeth Collier 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates af service) 214 18 44 19 Clinical Reds VA Hospital, Fort Howard, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH BRONCHOPNEUMONIA IMMEDIATE CAUSE (o). **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician DUE TO Canditians, if any, which gave HYPERTENSIVE CARDIOVASCULAR RENAT DISEASE rise to immediate cause (a), 012900 WITH UREMIA stating the underlying cause UNKNOWN BETTON PROSTATIC HYPERTROP IV 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a INFURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) 20c. TIME OF INJURY Month, Day, Year (State) Hour a.m. factory, street, office bldg., etc.) at wark ut at wark 21 I certify that (X) (this haspital) attended the deceased from May 9, 1 saw the deceased plive on July 1, 19, 67, and that death accurred at 19.67 to July 1, 19.67that (N (we) last 14:45 M, from causes and on the date stated above. 220 SIGNATURE 22b DATE SIGNED M D DIRECTOR 22c PHYSICIAN S Hospital, Fort Howard, Ma. PETER V. JUVAN, M.D. irectar, 23o. BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Mt. Carmel Baptist Church Princess Anne Maryland 9 _2Sb. REGISTRAR'S SIGNATURE ADDRESS Anne, 24. FUNERAL DIRECTOR Maryland William H Jemes Jr



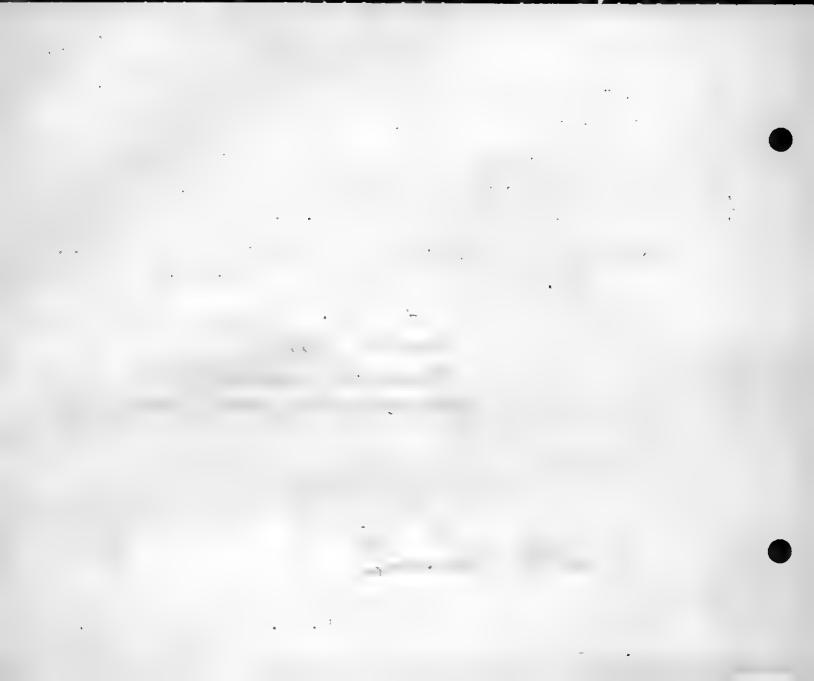
MARYLAND STATE DEPARTMENT OF HEALTH IVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Prince George s Maryland Baltimore after 24 hours after MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Catonsville c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b þ on papers. Pag within 72 hours Greenbelt, Maryland 26 dys Ξ 8. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 410 Riggs Road GROVE STATE HOSPITAL SPRING YES NO X death certificate be executed within etely Caxbon NAME OF First DATE Month Oay Middle Last DECEASED Charles H. Jones DEATH 1967 (Type or print) July 10 AGE (In years TFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months | Qays | Hours | Min. 6. COLOR OR RACE 7. MARRIED K NEVER MARRIEO 8. OATE OF BIRTH 5. SEX Se sol male white WIDOWED [DIVORCED 7-2-76 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT nding physician Then please re-removal, and in 10b, KIND OF BUSINESS OR 11. BIRI nPLACE (County & State, or foreign country) U. S. INDUSTRY Washington D. C. building Carnenter 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary E Gates Cornelus Jones been signed by the attending the burial-transit permit. Then or to burial, cremation, or remov 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) Records: SPRING STATE HOSPITAL 579-20-6477 GROVE INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ATTENDING PHYSICIAN: The law regulres that the retained by the hospital or attending physician. ONSET AND DEATH Myocardial Infarction PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MAUI OUE TO Areteriosclerotic Cardiovascular HeartDis. 20yrs. Conditions, If any, which gave rise to Immediate OUE TO cause (a), stating the Arteriosclerosis, generalized, senile 20yrs underlying cause last. 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 119. CERTIFICATION for use Health use PERFORMED? Pneumonia, generalized, organism undetermined.

20a. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Par OFF EITHER, NOTIFY MEDICAL EXAMINER) certificate YES A NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1) of Item 18.) tached f MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Oay, Year factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that #0 (this hospital) attended the deceased from June 14 01967, to July 10 , 1967, that 05 (we) last the (DIRECTOR: Jage 3 should lied with the and that death occurred at. _M, from the causes and on the date stated above. saw the deceased alive on. July_10 1967 22b. DATE SIGNED 22a. SIGNATURE STAFF ATTENDING page 7-11-67 X OIRECTOR | PHYS. PHYS. Page 4 may 22d. ADDRESSPRING GROVE STATE FUNERAL 22c. director, p Moung. NAME (Type) Baltimore, Maryland should 23c. NAME OF CEMETERY OR CRIMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Md. Ammondale Pro Geo July 14, 1967 St Josephs catholic Burial REGISTRAR'S SIGNATURE REC'O BY REGISTRAR | 25b. FUNERAL DIRECTO on ADDRESS Hvattsville Gasch's VR A15 (4) 20M 1/65



logson.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09231 09231 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) Baltimore o. STATE
Marvland b. COUNTY Baltimore MARYLAND b CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)

Catonsville c CITY OR TDWN (If autside carparate firmts, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Catensville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 1123 Granville Rd. 1123 Granville Rd. YES NO [NAME OF Middle First 4. DATE Manth Year Day completely DECEASED July 8. B. 19 67 event. Beatrice Judy (Type or print) DEATH remaye car IF UNDER 1 YEAR | IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE DE BIRTH AGE (In years lost birthdoy) Menths 6/13/20 Cauc. WIDOWED DIVORCED in any ond 10a. USUAL DCCUPATION (Give kind of work dane during most of working life, even if retired) 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT physicion (len pleose INDUSTRY CDUNTRY? N. C. IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Bullock 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. Mr. Charles Judy Address (Yes, no, or unknown) (If yes give war ar dates of service) 1123 Granville Rd crematian. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART | DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH CARDIAC ARREST IMMEDIATE CAUSE (o). the haspital or attending physician. DHE TO burial, Conditions, if only, which gove (b) RHEUMATIC DISEASE 3 YRS HEART rise to immediate couse (a), DUE TO as the priar tal stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS!
PERFORMED? has be detached for use State Dept. af Health NO certificate 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part I) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY DCCURRED 20e PLACE DF INJURY (Home, form, (City or town) (County) (State) Hour o.m. Not While factory, street, office bldg., etc.) at wask at work 21. I certify that (1) (this haspital) attended the deceased from Nov 11 1958 to July 8 , 1967 , that (1) (we) last Page 4 may be retained June 29 1967, and that death occurred at 5A M, from couses and on the date stated above saw the deceased alive on 22o. SIGNATURE DATE S.GNED thunard 1 director, page 3 should be filed v M.D DIRECTOR PHYS 22d. ADDRESS 5501 Forest Park Av. 22c. PHYSICIAN S Kennard M. D. NAME (Type) 23a BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (Stote) BI REMOVAL (Specify) 7/11/67 Meadowridge Cem. Baltimore, Md. 2Sb REGISTRAR'S SIGNATURE ADDRESS 25g REC'D BY REGISTRAR 24. FUNERA, DIRECTOR Witzke F. D. - 4101 Edmondson Ave. Villanlas Judge 1961

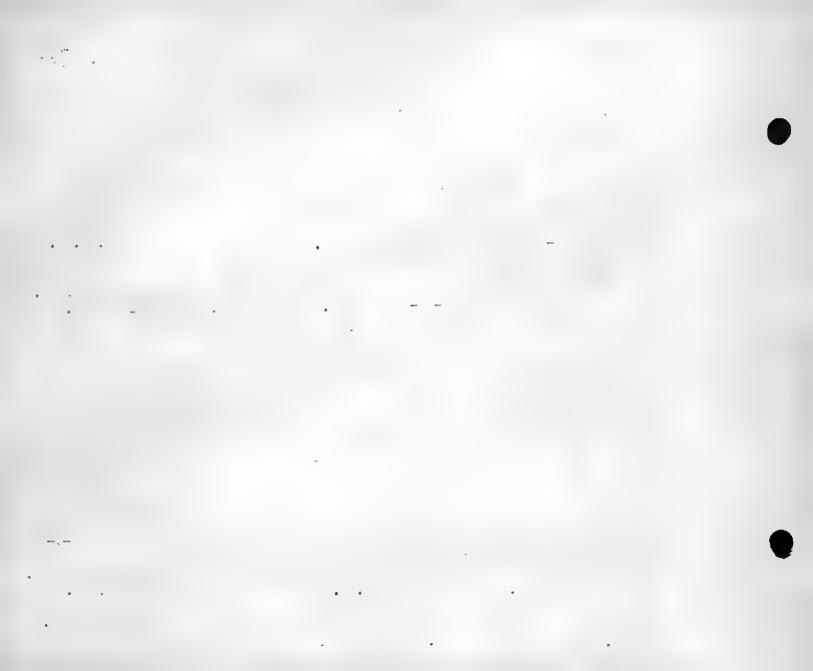


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09232 CERTIFICATE OF DEATH death. pub I. PLACE OF DEATH USUAL RESIDENCE-(Where degeosed lived, if institution, Residence before admission) o. COUNTY o. STATE 6. COUNT LENGTH OF STAY IN 16 c CITY OR TOWN (If auxiside corporate limits, write RURAL and give negrest town). papers. Pag hin 72 haurs o requires that the death certificate be executed within 24 how e IS RESIDENC signed by the attending physician and completely filled in burial-transit permit. Then please remove carban papers. IAL OR INSTITUTION (If not in hospital, give street address) d STREET ON A FARM NO E YES nave carban p NAME OF 4. DATE Doy Year OF DEATH DECEASED 19 S SEX 6. COLOR OR RACE 7 MARRIED birthdoy) Months Doys Hours DIVORCED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT The USUA, OCCUPAT ON (Give kind of work done during most of working life; even if retired) 14. MOTHER'S MAIDEN 13. FATHER'S NAME ew/s INFORMAN' 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address [Yes_no_oru_nknown] (If yes_give wor or dates of service NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO storing the underlying couse as the has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ed for use of Health YES NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of Item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 20d. INJURY OCCURRED 20f. (County) 20c, TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While at work deceased from Nov-11, 1957, ta July, 1967, that (I) (we) last 1967, and that death accurred at 8.38 A M, fram couses and on the date stated above. 21. I certify that (1) (this hospital) attended the deceased from Nev- 11 . 19*6 7.* that (I) (we) last saw the deceased alive an 2 miles 22b. DATE SIGNED 220 SIGNATURI ATTENDING PHYS MED DIRECTOR director, page M.D. 22d. ADDRESS 4. Williams, MD 21208 Md. NAME (Type) e541/10 LOCATION (City or Town) 230 BURIAL, CREMATION, (Stote MOVAIN(Specify) 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09238 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) a COUNTY o. STATE Baltimore MARY, AND Baltimore b CTY OR TOWN (If outside carporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c C TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk 10 yrs Dundalk d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS cote, writing the word "pending" in pencil in Item 18. Give Pages 1, be forwarded to the Chief Medical Examiner's Office along with form 3020 Wallford Drive 3020 Wallford Drive YES NO THE This certificate shauld be executed within 24 hours after death 3 NAME OF Midd e 4 DATE Frst Month DECEASED Keith William July 1967 DEATH (Type or print) 8 DATE OF BIRTH S SEX 6 COLOR OR RACE 9 AGE (n years F UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Months White 5/28/16 Male as a burial-tronsit permir. File puyes i unuz m and in ony event within 72 hours after death. WIDOWED DIVORCED 1) BIRTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT Bethlehem Steel Co. Virginia 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Shelby Rhodes William Keith 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 228-18-5750 Address Dundalk, Md. 17 INFORMANT Mrs. Martha Keith, 3020 Wallford Dr. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per ling PART I DEATH WAS CAUSED BY (a) (b), and (c).) Right LUNG C ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO 1601 Conditions, if dny, which gove nse to immediate couse (a), DUE TO stoting the underlying couse PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? CAL CERTIFICATION YES T NO DE 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) 20e PLACE OF INJURY (Home, form (County) Hour o.m. Not While foctory, street, office bldg., etc.) at wark ot work 21 | certify that I taok charge of the remains described above, held an Autopsy | , Inspection | X | Inquiry [X], and in my opinion for death resulted fram: Natural causes 🔼 Accident 🗍 Suicide 🗍 Hamicide 🗍 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER \$ 6800 Mornington Rd. Address (Street city town or county) Dundalk, Md. Melvin B. Davis M. D. NAME Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. (County) 7/10/67 Gardens of Faith AMONA (Autold) Baltimore, Md. 256 REGISTRAR S SIGNATURE 250 REC D BY REGISTRAR John J. Duda, 7922 Wise Ave. Dundalk, Md. VR A15ME (5) 4 Charles 1967. 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09234 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed aved, if institution. Residence before admission) o. COUNTY **b** COUNTY MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after b CITY OR TOWN (If outside corporate I mits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) write RURAL and give nearest town) altimore owson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 220 Maryland YES NO 🖂 NAME OF DATE Middle carban Year completely DECEASED OF DEATH 16 (Type or print) OUSIUS S SEX IF UNDER 1 YEAR IF UNDER 24 HR 9 AGE (n years 7. MARRIED NEVER MARRIED lost b rthdoy) Months Days Hours WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician a dyring most of working life, even if retired). **COUNTRY?** upervisor 13. PATHER'S NAME MOTHER'S MAIDEN NAME ar remaval 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, grunk nown) (If yes give wor or dates of service -05-4961 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH signed by 1 IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE-TO far use as the t Health priar ta b stoting the underlying couse be retained by the haspital or attending this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) 200 ACCIDENT WAS JNDERLYING . detached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF NJURY Month, Dov. Year (Edv or town) (County) (Stote) Hour 'o m. foctory, street, office bldg., etc.) Not While of work 21 I certify that (I) (this haspital) attended the deceased from much TO FUNERAL DINECTOR: saw the deceased alive on_ and that death accorred at from causes and an the date stated above 22a SIGNATUR MED DIRECTOR ATTENDING director, page 3 PHYS 22d ADDRESS TO HOSPITAL Page 4 may b 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. (County) (State REMOVAL (Specify) Nationa Buria 250, REC'D BY REGISTRAR 24 FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2000 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Md. 21234 Baltimore hours after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ers. ed d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1703 Aberdeene Rd. Joseph's Hospital No Sd YES within etely NAME DE Middle Last DATE Month Day Year DECEASED OF Robert (Type or print) 2 M S DEATH July 8 19 67 executed 5. SEX 6. COLOR OR RACE | 7. MARRIED K | NEVER MARRIED | AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. and cor DATE OF BIRTH Months | Days Hours 5/20/97 white male WIDOWED | DIVORCED [= 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? attending physician rmit. Then please certificate be during most of working life, even if retired) and Food Supervisor (retAAtmy Airforce Exchange Va. 13. FATHER'S NAME removaí. 14. MOTHER'S MAIDEN NAME Harrison Kerns unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT 8240 Loch Raventes Blvd. 5 (Yes, no, or unkown) | (If yes give war or dates of service) Lillian Creamer Kerns, wife. 212-07-0834 cremation. ves 18. CAUSE DF DEATH [Enter only one cause per-line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY signed | urial-tra IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [NO [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1) of Item 18.) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) (State) Hour a.m. Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from . 19. .. to. 19. _, that (i) (we) last OIRECTOR: saw the deceased alive on Turk. M, from the causes and on the date stated above. and that death occurred at 22a. SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR PHYSICIAN'S NAME (Type) FUNERAL 22¢. 22d. ADDRESS director, should be DATE THEREOF 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 7/12/67 Balto.Nat.Cem. Baltimore. Md. REC'D BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. FUNERAL DIRECTOR VR A15 (4) Brehms Lane 3331 20M 1/65

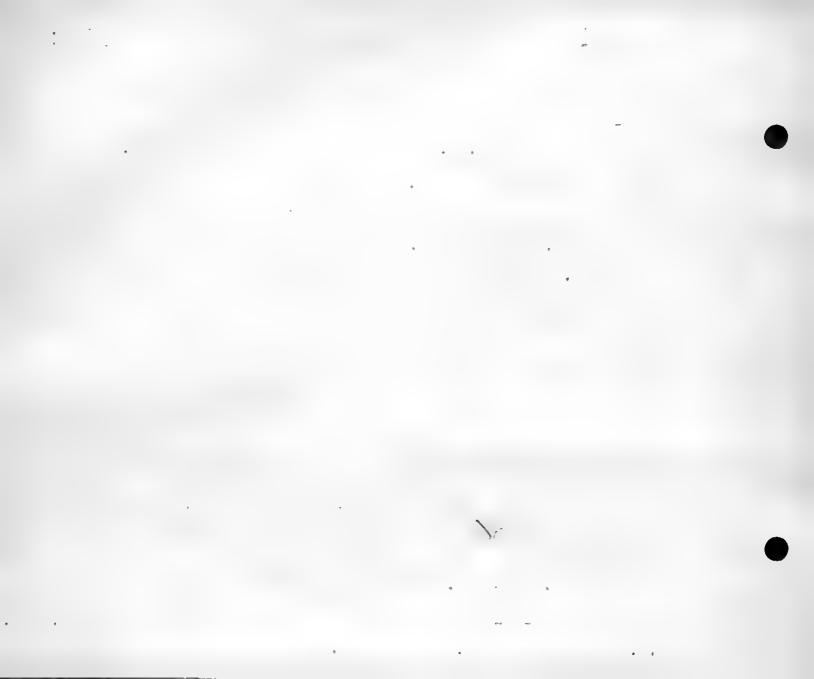


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 39236 09236 CERTIFICATE OF DEATH 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a STATE **b.** COUNTY ely filled in by the fun-ban papers. Pages 1 within 72 hours after of Baltimore MARYLAND Maryland
c CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Baltimore City Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? Chesapeake Manor Nursing Home Meridene Dr. 21212 NO 🔀 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within NAME OF Middle 4 DATE remaye eachan First Last Manth Year and completely DECEASED Louise Catherine Killman July 19 67 (Type or print) DEATH and in any event, IF UNDER 1 YEAR 6. COLOR OR RACE 9 AGE (In years IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** Bast birthday) Haurs 3/10/1889 White Female WIDOWED T DIVORCED 10a USUAL OCCUPATION (Give kind at work dane 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or Fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Baltimore. Maryland U.S.A Housewife
13. FATHER'S NAME Own home 14 MOTHER'S MAIDEN NAME ar remayal, Henry Paul Caroline Wacker 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Dr. (Yes, ng. ar unknawn) (If yes give war ar dates af service) Mrs. Carolyn Correa 1249 Meridene 217-14-1296D burial, crematian, TB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART J. DEATH WAS CAUSED BY INTERVAL BETWEEN DISET AND DEATH IMMEDIATE CAUSE (a signed by by the haspital ar attending physician. CEROBLOVASEULAR ACCIDENT ALTERIOSCLEROTIC VASCULAR DISCASC Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as been as the prior talk PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIg) WAS AUTOPS PERFOR MED? FRACTURE this certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form (City or town) (Caunty) (State) factory, street, office bldg., etc.) Nat While 19____, that (I) (we) last 21 I certify that (1) (this haspyal) attended the deceased from Page 4 may be retained 1967, and that death accurred at 550 saw the deceased alive on O FUNERAL DIRECTOR: M. fram causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED ATTENDING -3-6 M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS director, po should be t NAME (Type) Enrique Moszkowski Caves & Hudson Road 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION (State) (County) REMOVAL (Specify)
Buria Md Oaklawn Cemetery Baltimore County 25a RECD BY REGISTRAR Sons W. Jenkins & York Road 21 VR A15 (4) 25M 1/67



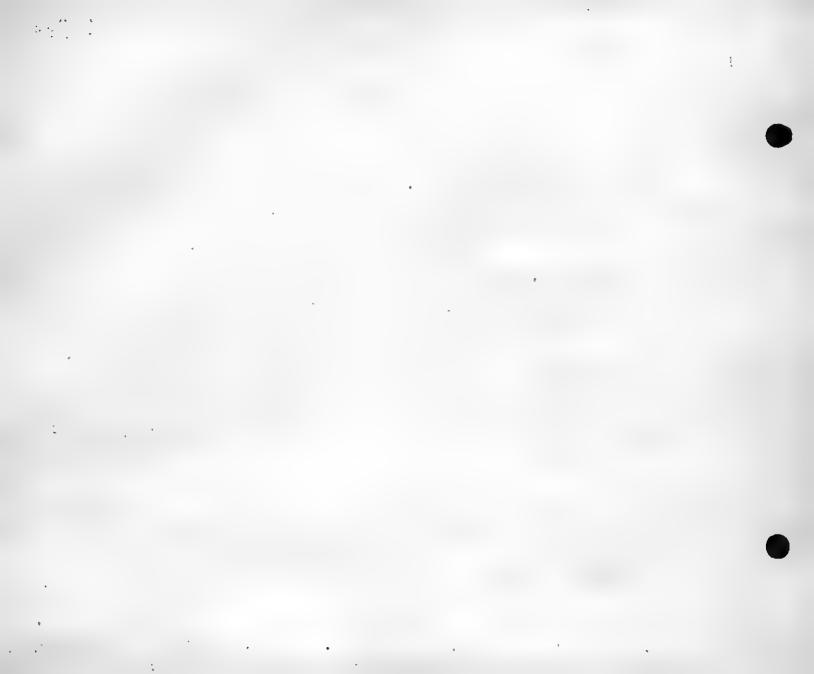
MARYLAND STATE DEPARTMENT OF HEALTH O DRISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USVAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY h. COUNTY Baltimore MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CIPY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OWSON 4 days bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Greater Baltimore Medical NO1 Center é j 3. NAME OF Month Middle DATE DECEASED DF event. (Type or print) T duo DEATH 19 Kingsbury 3. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE remove. 7. MARRIED NEVER MARRIED last birthday) | Months | any Davs Hours ang WIDOWED I DIVORCED [Ξ 10a, USBAL OCCUPATION (Give kind of work done during post of working life, even if retired) physician in please r 10b. KIND OF BUSINESS OR BIRTAPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT lease and ir COUNTRY? certificate removal. 13. FATHER'S NAME MOTHER'S MAIDEN NAME tending it. Ther 15. WAS DECEASED LYER IN U.S. transit permit. 16. SOCIAL SECURITY NO. INFORMAN (Yes, no, or unkown) (If yes give war or dates of service) death 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). been signed by the the burial-transit or to burial, cremat **ERVAL BETWEEN** that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of luna DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the has be as the prior t underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate CERTIFICAT NO F YES PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part |) of Item 18.) 0 0 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached te Dept. o MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While After p.m. at work at work v 21. I certify that (I) (this hospital) attended the deceased from July 26 1967 to July 30 _ 1967_, that (i) (we) last OIRECTOR: age 3 should lied with the 19_67_, and that death occurred at 2 • O.M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED MED. page ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS. July 30. 1967 HOSPITAL PHYSICIAN'S 22d. ADDRESS FUNERAL director, p should be NAME (Type Greater Baltimore Medical Center John E. - Adams, AME OF CEMETERY OR CREMATORY LOCATION (CIty, town or county) 23a BURIAL, CREMATION 23b. DATE THEREOF 23d. (State) EMOVAL (Specify) 25ah REC'D BY REGISTRAR 25b. AUG 8 1967 FUNERAL DIRECTOR ADDRESS AUG VR A15 (4) 20M 1/65





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 age 233 09238 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 hours ofter death 2. USUAL RESIDENCE (Where deceased fived, if institution. Residence before admission PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore and completely filled in by the far remove codon popers. Pages 1 n my event within 72 hours after MARYLAND. Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21212 Baltimore Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM2 St. Joseph Hospital 5509 The Alameda YES NO.K NAME OF First Middle 4 DATE Lost Month Doy Year and completely DECEASED KIRCHHEINER July 19 67 EVELYN (Type or print) DEATH 11 SEX B DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Dovs Hours Aug.14, 1901 WIDOWED DIVORCED Female White 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) buriol, cremotion, or removol, and in during most of working life, even if retired) industry on Home OSAY? ottending physicion operation of the please Own Baltimore, Md. Homemaker

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah McClain William H. Lamm IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dates of service Above Louis Kirchheiner No IB. CAUSE OF DEATH (Enter only one couse per inter for (o), (b) and (c) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH Massive acute myocardial infarction by the hospitol or ottending physicion. thrombosis of main right coronary artery. DUE TO Conditions, if any, which gave (b) rise to immediate couse (o), DUE TO stoting the underlying couse os the prior to l (c) 19 WAS AUTOPSY PEREDRMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) hos CATION director, page 3 should be detached for use should be filed with the State Dept of Health YES 124 NO **DIRECTOR:** After this certificote 200 ACCIDENT WAS JNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port H of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or fown) (Stote) 20c TIME OF INJURY Month, Doy, Year (County) foctory, street, office bldg., etc.) Not While of work at work 21 I certify that (1) (this hospital) attended the deceased fram July 9, 1967, to July 11, 1967, that (4) (we) last saw the deceased alive an July 11, 1967, and that death accurred at 8:10M, fram causes and an the date stated above. TO HOSPITAL OR ATTENDII
Poge 4 may be retoined by
TO FUNERAL DIRECTOR: Aft 220 SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING 7/12/67 M.D PHYS PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 7620 York Road, Baltimore, Md.21204 Reynaldo Orjuela Gomez. M.D. 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Baltimore Md. 7-15-67 Oaklawn 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR H.W. Jenkins & Sons Co. 4905 York Rd. 1967 Balto. Md.

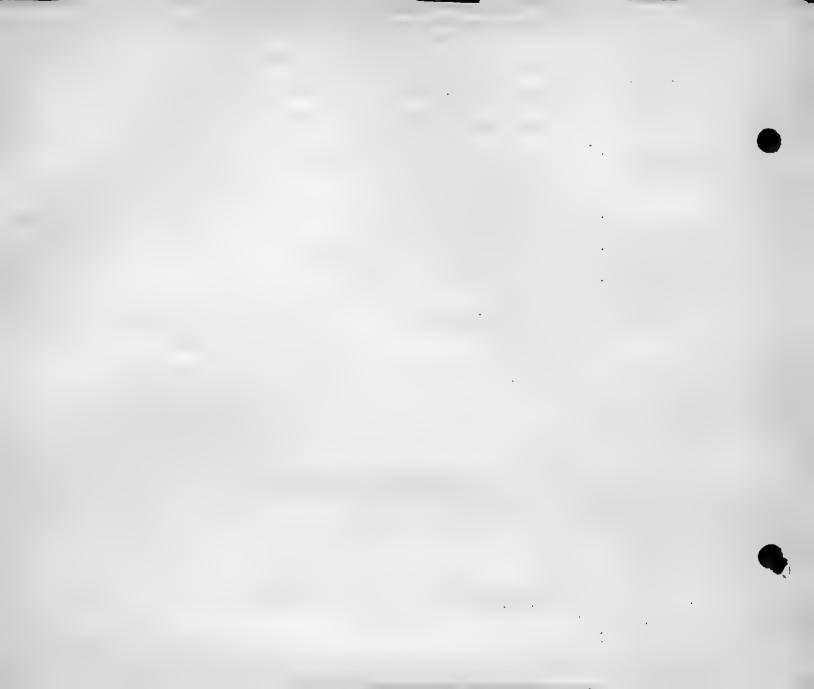


RYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 3 PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, ff Institution, Residence before edmission) b. COUNTY LIMOSE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 E. CITY OR TOWN (If outside corporate limits, write RURAL and give neeres) town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO X NAME OF Middle Year DECEASED OF [Type or print] QKKL DEATH 19 and con 5. SEX IF UNDER 24 HRS. B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR NEVER MARRIED [last birthday) Months 1 Days Hours WIDOWED X DIVORCED 10s. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME George 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unknwn) (If yes give wer or dates of service) 18. CAUSE OF DEATH |Enter only one cause per I ne ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 2Da. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part il of fom 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour s.m. et work at work 196.7., that/ 21. I certify that (1) (this hospital) attended the deceased from. (i))(we) last 19.6.7, and that death occured at T.A.M. from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22e SIGNATURE SIGNED ATTENDING. MED DIRECTOR TO n. Pay. ADDRES 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, | 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) る音名 DY KUCE uria PAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 1SM 7/61 DATE

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certificate be

HOSPITA



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09240 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss an) PLACE OF DEATH Baltimore o. COUNTY o. STATE b. COUNTY Wisconsin Kenosha MARYLAND requires that the death certificate be executed within 24 haurs after b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate firmits, write RURAL and give nearest town) 2.wks. Kenosha Towson IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 1811 Leadburne Rd. 21204 1814-75th, St. YES NO# 4 DATE NAME OF Middle Month First Last Day Year DECEASED Charles A. Kopecki July 13,67 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Manths Hours WIDOWED # DIVORCED M Cauc. 11-11-1892 12. CIT ZEN OF WHAT COUNTRY? 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHONE (CAMPY) SHOP OF (PER POT ON 17) our na most of working life, even if retired) INDUSTRY **华斯是是联络施丹斯科伊斯斯** II S A 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar removal, Novack Ahton 17. INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Kopro (Yes, no, or unknown) (If yes give war ar dates of service) 390 03 5408 Richard Wordeki. 1811 Leadburne Rd. 21204 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS PERFORMED? NO 205 DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) factory, street, affice blda., etc.) Not While ot work at work 21. I certify that (i) (this haspital) attended the deceased from and that death accurred at ______M, from causes and an the date stated above saw the deceased alive an 22b. DATE/SIGNED 22a SIGNATURE **ATTENDING** STAFF PHYS. M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles T. O. Donnell Towson Md 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 230 BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Speqify) 7-15-67 Kenosha, Wisconsin St. Georges 250. REC'D BY REGISTRAR OCT 25b. REGISTRARS 24 FUNERAL DIRECTOR VR A15 (4) Wm. Cook-Brooks Towson, Towson, Md. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

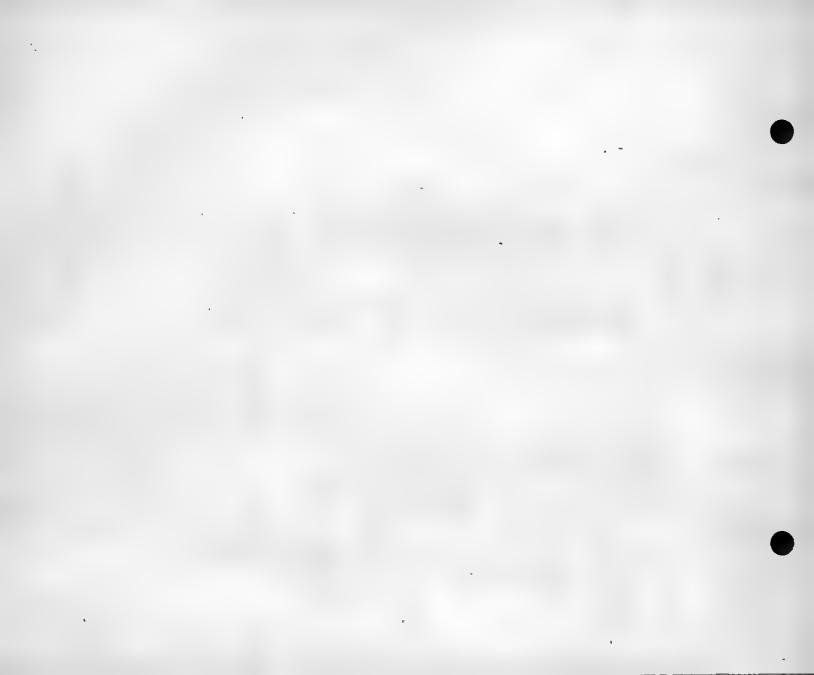


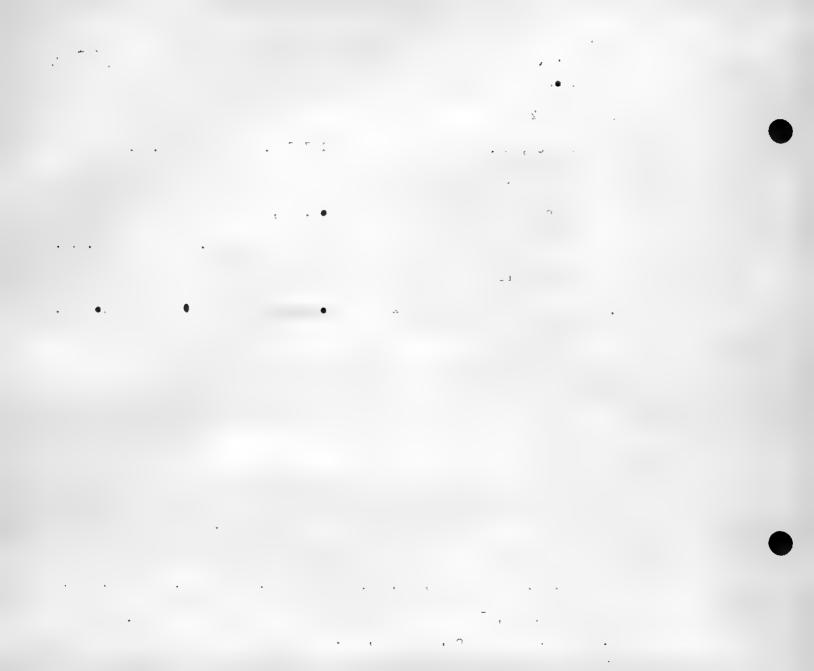
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09241 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Baltimore Maryland c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN Th write RURAL and give negrest town s. Pag haurs Glen Arm 15 days Towson d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? St. Joseph's Hospital YES 🗀 NO [Manor Rd. NAME OF First Middle Lost 4 DATE Manth Day Year DECEASED 19 67 Amv Frances Kozak July 14 (Type or pant) DEATH S SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED B DATE OF BIRTH AGE (In years NEVER MARRIED lock (Phidoy) Months Doys Hours White April 8.1897 Female WIDOWED DIVORCED pup 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? physician nen please U.S.A 13. FATHER'S NAME England

14. MOTHER'S MAIDEN NAME remayal Francis Etherton Theda 2 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 50 No Theodore Kozak 2803 Upridge Ct. 21234 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burnal-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Myocardial Infarction IMMEDIATE CAUSE (o) ģ DUE TO Conditions, if only, which gove (b) rise to immediate cause (o), DUE TO stoting the underlying couse the haspital or attending PHYSICIAN: The law S WAS AUTOPSY PERFORMED? pas PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO SC YES this certificate 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.1) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg, etc.) Not While OR ATTENDING ot work at work 2) I certify that (I) (this haspital) attended the deceased from June 29 1967 to July 14 19 67, that (I) (we) last be retained saw the deceased alive an July 14 1967, and that death accurred at 11:40, from causes and on the date stated above DIRECTOR 22n SIGNATURE 22b. DATE SIGNED STAFF dentino 30 July 14,1967 M.D. DIRECTOR director, page shauld be filed 22d ADDRESS 22c. PHYSICIAN'S Joel Tolentino 7620 York Rd., Towson, Md. 21204 NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 23a BURIAL, CREMATION, (Store) REMOVAL (Specify) Moreland Memorial Cemetery Baltimore, Maryland 7/18/67 24 FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) Wm. Cook-Brooks Towson 1050 York Rd. 21204

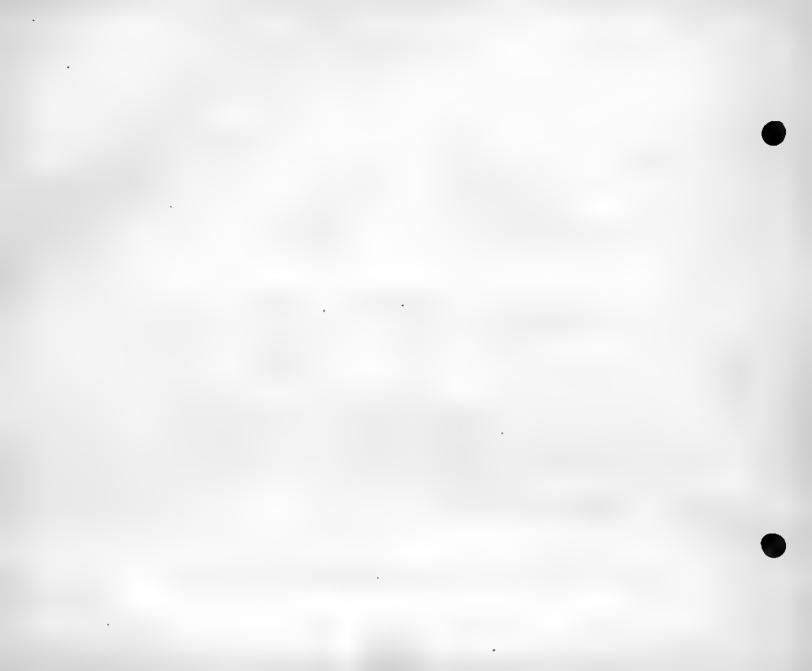


-1 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
		CERTIFICA	TE OF DEATH?, kk	09242
s after deoth the funeral ages I and 2	1.	COUNTY BALTIMORE MARYLAND	o. STATE MBRYLAND	OUNTY SALTIMORE
4 hours after an by the fur Pers. Pages 1/2 hours after		CLENGTH OF STAY IN 1b write RURAL and give necrest town) RANDALL STOWN 1 NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	c. CITY OR TOWN (If outside corporate limits, write BALTIMORE d STREET ADDRESS	RURAL and give nearest town)
hin 24 h Filled in papers	1	SALTIMORE COUNTY GEN HOSP. VAME OF First Middle	2014 ENGEL WOO	ON A FARM?
e executed within 24 ho ond completely filled in remove corbon papers.	5	PECEASED Type or print) 6. Cotor or RACE WIDOWED DIVORCED	8. DATE OF BIRTH 1882 9 AGE (In year last b thday last b thday last b thday	S IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min
icate be e sicion ond please rer pl, and in a	du	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) LOTHING DESIGNOR. 100 KIND OF BUSINESS OR INDUSTRY LOTHING DESIGNOR. CLOTHING	BALTIMORE (174, 14. MOTHER'S MAIDEN NAME	12 CITIZEN OF WHAT COUNTRY?
he death certificate be ex attending physicion ond permit. Then please rem ion, or removol, and in an		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service)	1/	ddress 1014 ENGEL WOOD BALTU,
equires that the physicion. signed by the buriol-transit i buriol-transit i buriol, cremoti		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gave is to immediate cause (o), stating the underlying cause (o), lost. (c)		
N: The low re or attending or attending other has been ruse as the solth priar to	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO
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OR ATTENION PER TRECTOR: A 3 should dwith the		22a. SIGNATURE	hat death accurred at 5 PM, fram cause M.D. ATTENDING MED. STAFF PHYS DIRECTOR PHYS 22d ADDRESS 1 1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	ses and an the date stoted abov
TO HOSPITAL (Page 4 may b TO FUNERAL D director, Page should ba file	23	BUR AL CREMATION, REMOVED (Specify) 7/17/67 LT. Oliv		
VR A15 (4)		FUNEAU PORT OF THE OTHER FUNEAU ADDRESS MILES	2So. REC'D BY REGISTRAR 2Sb	REGISTRARS SUSMATURE SELECTION OF THE SE





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 09245 CERTIFICATE OF DEATH 09244 requires that the death certificate be executed within 24 haurs ofter death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Balto. o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TO SAL and give nearest town) 16 MONTHS TOWSON d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 1401 MIDMEADOW RD. Mulaney-Towson Nursing Home NO 5 3. NAME OF DECEASED First Middle Lost 4. DATE Month Yeor Mary Lavman July (Type or print) 22 1967 DEATH S SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Months Hours Female White WIDOWED * DIVORCED April 30, 1881 10o US_ALOCCUPATION (Give kind of work done during roost of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT INDUSTRY COUNTRY? MARYLAND ILS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removol, Robert Harvey Mary Gibson WAS DECEASED EVER IN US ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT Addres 401 MIDMEADOW, (Yes, no, or unknown). (If yes give wor or dates at service) 216-46-2830 MRS. MARY NORRIS. TOWSON. MD. 21204 THE CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO ARCINOMA-COLON Conditions, if any, which gove rise to immediate couse (o). DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS)
PERFORMED? ISERSE YES 🖂 NO V 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (County) (Stote) Not While foctory, street, office bldg., etc.) ot work of work 21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on JULYZZ 19 67, and that death accurred at 710 M, fram causes and an the date stated above 220 SIGNATURE 22b. DATE SIGNED STAFF PHYS X Page 4 may be n TO FUNERAL DIRE director, page 3 should be filed w MD. DIRECTOR 22d ADDRESS PHYSICIAN S NAME (Type) TAVENYUDD LORD. 230 BURIAL, CREMAT ON 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) BURIAL Specify JULY 24, FBG. MEMORIAL PARK FROSTBURG, MD. 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR DATE JUL 2 6 JOSEPH R. DURST, SR., FROSTBURG, MD. 21532 196/



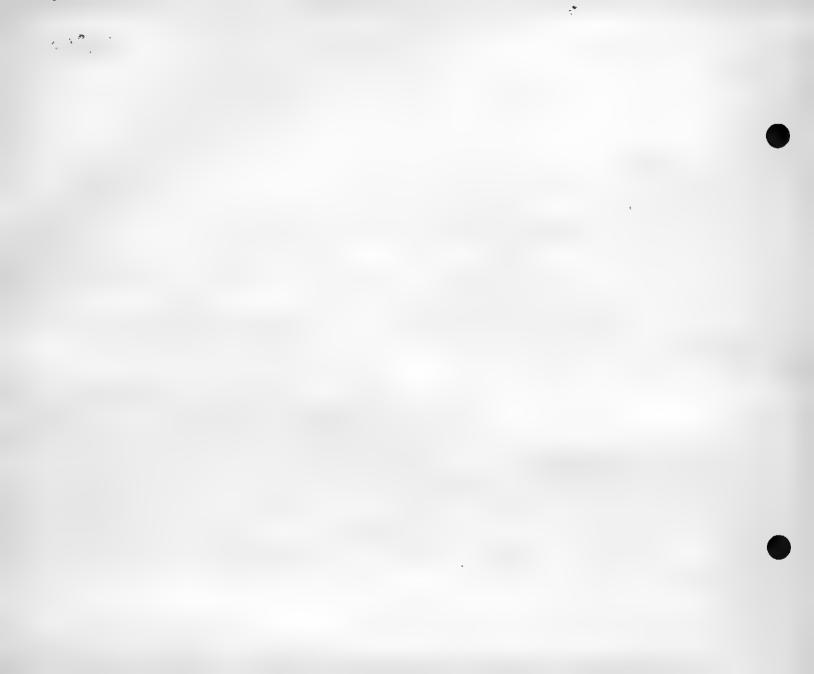
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before admission) a. COUNTY b. compritino re a Maryland Baltimore MARYLAND Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore Baltimore l day d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Armacost Nursing Home 812 Regester Ave 18 Dowling Circle Zone 18 YES NO IN within NAME DE Middle DATE Month Day DECEASED OF DEATH (Type or print) Otto Lengerhuis Sr. July 10. 1967 death certificate be executed 5. SEX AGE (In years | IFUNDER 1 YEAR | Months | Days 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Male White March 8, 1902 WIDOWED DIVORCED [10b. KIND OF BUSINESS OR INDUSTRY
Hachine Shop 10a. USUAL OCCUPATION (Give kind of work done I 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ending physician it. Then please during most of working life, even if retired)
Shop superintendant Germany 13. FATHER'S NAME removal. 14. MOTHER'S MAIDEN NAME Peterke Voermann Gerhard Lengerhuis 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Adies Dowling Circle the attent t permit. ö (Yes, no, or unknwn) [(If yes give war or dates of service) 216 05 2885 Mrs Philiptine Lengerhuis Balto Md 21234 no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). n signed by the burial-transit INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** MANIE Conditions, If any, which gave rise to Immediate 유 DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) WAS AUTOPSY PERFORMED? rtemosclerotic Cardio vasculon als Euss. YES ! NO 🖂 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While Not While at work at work p.m. 20.1960 to 21. I certify that (I) (this hespital) attended the deceased from DIRECTOR: age 3 should led with the 196 and that death occurred at // M, from the causes and on the date stated above. saw the deceased alive on 22a, BIGNATURE 22b. DATE SIGNED STAFF M) DIRECTOR M.D. 1101 St Paul St. FUNERAL 22C. PHYSICIAN'S NAME (Type) Dr. director, Ossman Alfred plnods BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. REMOVAL (Specify) Woodlawn Lorraine Cemetery ${\tt Md}$. Buria 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 20M

¢ 2x 8

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 39247 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH b. COUNTY Baltimore a. COUNTY g. STATE Baltimore MARYLAND c CITY OR TOWN (If outside carparate limits write RURAL and give negrest town). b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 the attending physician and completely filled in by the sit permit. Then please reprove tachan papers. Pagnation, ar remayal, and in pay event, within 72 hours Essex Essex d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 314 Ida Ave. Balto. 21221. Nd. 314 Ida Ave. Balto 21224 Mayes 3 NAME OF Middle 4 DATE Month Dov DECEASED TEONARD July FRANKLIN HARRY DEATH (Type or print) IF UNDER 1 YEAR S SEX 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH AGE (In years **NEVER MARRIED** last birthday) Sept. White Male WIDOWED DIVORCED 10b KIND OF BLSINESS OR 11 BIRTHPLACE (County & Store, or foreign country) 12 CIT ZEN OF WHAT 10a JSUAL OCCUPATION (Give kind at wark dane during most of working life, even if retired) Monumental Life Baltimore . Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Nicholas Leonard Theresa Peringer IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, or unknown) [(If yes give war ar dates of service) Andrew H. Leonard: 314 Ida Ave. Balto. . 21 213-09-4095 INTERVAL BETWEEN TOO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying couse be detached for use as the State Dept. af Heolth priar ta WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I) of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, affice blda., etc.) 2). I certify that (I) (this hospital) attended the deceased fram_ . 19 627, that (1) (we) last 19 6 2, and that death occurred at :00 M. from causes and on the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S 3508 Bank St., Balto., 21224. Md. NAME (Type) Joseph R. Liberto 23d LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 4430 Belair Rd. Balto. Holy Redeemer Cemetery 25b REGISTRAR'S SIGNATURE S. Conk Ping St.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09247 CERTIFICATE OF DEATH 09248 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. STATE o. COUNTY b. COLATine Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporote write RURAL and give nearest town) write RURAL and give nearest town) 21061 BALTIMORE Glen Burn d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? MEDICAL ENTER Hamilton Place YES NO NAME OF Middle First Last 4. DATE Doy Year DECEASED OF DEATH 27 **GIRL** INSENMAVER 1967 (Type or print) 9 AGE (In years IF JNDER 24 HRS 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR last birthdey) HOURS WIDOWED and in any 10o USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **INDUSTRY** 13. FATHER'S NAME or removol, 14. MOTHER'S MAIDEN NAME LINSENMAYER IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give wor or dotes of service CHART cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART 1 DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the buriol-transit p ONSET AND DEATH Poge 4 may be retained by the hospital or ottending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse d for use as the of Health prior to has been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) No this certificote 20e ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1) of item (8) OR CONTR BUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour om Not While foctory, street, office bldg , etc.) , 1962 (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from and that death accurred as OA M, from causes and on the date stated obove. O FUNERAL DIRECTOR: saw the deceased alive 22o. SIGNATURE 22b DATE SIGNED ATTENDING DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23d LOCATION (City or Town) (County) ADDRESS FUNERAL DIRECTOR VR A15 (4) 25M 1/67

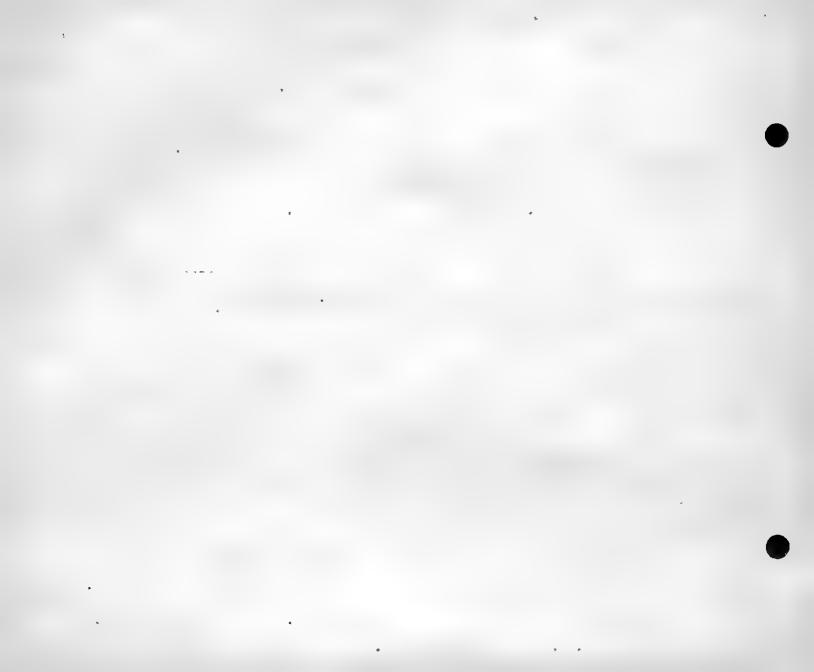


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 2 Fi 09248 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY Baltimore o. STATE P CULINIA MARY! AND Baltimore b CITY OR TOWN (If autside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tow write RURAL and give nearest town) /Uattonsvi/Me Raltimore #29 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)
Bloomsbury Retreat d STREET ADDRESS 674 North Bend Road filled in e IS RESIDENCE ON A FARM? 200' BLooms bury Av . YES NO [3 NAME OF First Middle DATE Month Last Day Year completely DECEASED Walter Linthicum July 12 (Type or print) DEATH S SEX 6. COLOR OR RACE IF UNDER LYEAR THE UNDER 24 HRS 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years birthday) Months Davs M Wh Mar. 4/83 WIDOWED TXX DIVORCED [10a USUAL OCCUPATION (Give kind of work dane during mast af working life, even if retired) 10b KIND OF BUSINESS OR 11 SIRTHPLACE (Caunty & State, or foreign country) 12 CITIZEN OF WHAT physicion (nen please INDUSTRY COUNTRY? Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Margaret Whitaker George W. Linthicum WAS DECEASED EVER IN U.S. ARMED FORCES? Wformant L. Carter
1954 Andrews Rd. -West Palm Beach, Fla. 16 SOCIAL SECURITY NO (Yes no, ar unknown) (If yes give war ar dates of service) 216-05-8569 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per time for (a) (b) and (c) PART I DEATH WAS CAUSED BY Timoselerotic C-V Piscose ONSET AND DEATH 5/110 IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause os the by the hospitol or offending (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? this certificate has use 3 3 should be detached for use with the State Dept. of Health NO [20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, (City or town) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) (State) Not While factory, street, affice bldg., etc.) OR ATTENDING at work at work 21. I certify that (1) (this hospital) attended the deceased from. that (I) (we) last 190 O HOSPITAL OR ATTEND Poge 4 moy be retained 49/c/, and that death accurred at DDM, from/causes and an the date stated above FUNERAL DIRECTOR: saw the deceased alive on, 22g SIGNATURE 22b DATE SIGNED director, page 3 should be filed v DIRECTOR M.D PHYS PHYS 22d. ADDRESS 22c PHYSICIAN'S Paul Ziegler NAME (Type) 23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Burial (Specify) Baltimore. Md. 0 Mt. Olivet Cen 2Sq REC'D BY REGISTRAR 25b REG STRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Witzke F. D. - 4101 Edmondson Ave. DATE '

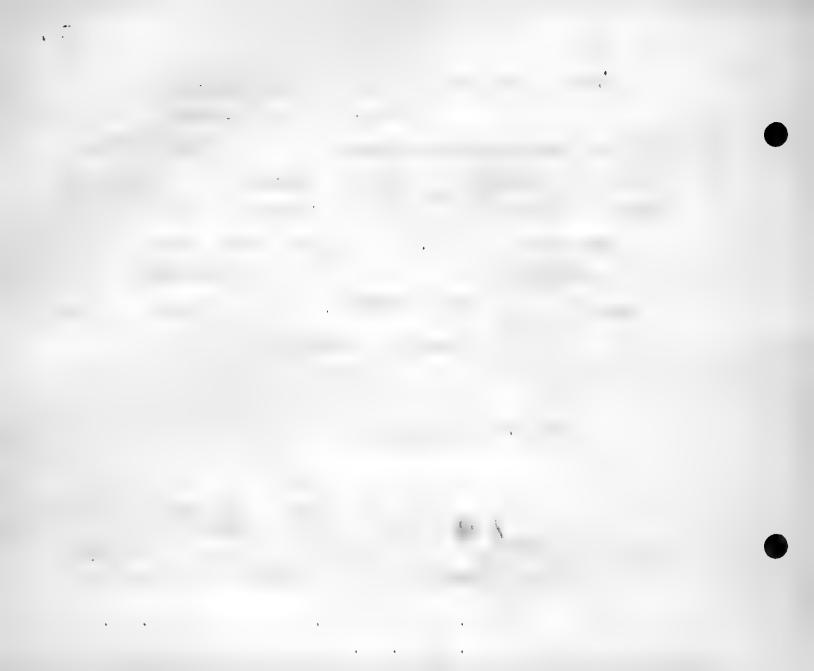


MARYLAND STATE DEPARTMENT OF HEALTH 09249 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Ttem 2 OF DEATH RTIFICATE 09250 after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Baltimore b (ITY OR TOWN (if outside corporate smits, write RURAL and give nearest town)
Catonsville c LENGTH OF STAY IN 1b CITY OR, TOWN (If outside carparate limits, write RURAL and give nearest tawn) lated of 1446 903-2A Nottingham The law requires that the death certificate be executed within 24 haurs, d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Summitt Nursing Home Smithwood Av YES N0 ſ NAME OF Middle Eirst Lost 4 DATE Month Year DECEASED July 19 10 67 Susan Frances Loechel DEATH S SEX 9. AGE (n years JE LINDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH NEVER MARRIED remaye lost hyghday) Months Mar. 27/89 Cauc. WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? Maryland 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME removal. Benjamin Beck Frances 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service) O. burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c):
PART I DEATH WAS CAUSED BY. signad by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) director, page 3 should be detached for use should be filed with the State Dept. of Health YES -NO **DINECTOR:** After this certificate OR ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter ploture of injury in Port | or Port | of item 18.) 20o. ACCIDENT WAS UNDERLYING F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, (City or town) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Haur 'a m. factory, street, office bldg., etc.) Not While 21. I certify that (I) (this haspital) attended the deceased fram_ saw the deceased alive an and they death occurred at M. from causes and an the date stated abave 22b. DATE SIGNED 22o SIGNATURE ATTENDING M.D DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S TUTTRAL NAME (Type) Thomas Abbott 4509 Liberty Heights Ave. 23d LOCAT ON (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23o BURIAL, CREMATION (County) (State) BLMOVA (Specify) Woodlawn Cem. Baltimore, Md. 92 250 REED BY REGISTRAR DATE JUL 2 0 **ADDRESS** 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Witzke F. D. - 4101 Edmondson Ave. 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09259 CERTIFICATE 09251 OF DEATH after death I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) o. COUNTY o. STATE b. COUNTY ALTIMORK MARYLAND b CITY OR TOWN (If outside corporate limits & LENGTH OF STAY IN Th (CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs af write RURAL and give nearest town) TIMORE LINDLY d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled PilaRim Kond MEdical NAME OF DATE Year DECEASED 19 6 (Type or print) AGE (In years S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF B RTH JE UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 C TIZEN OF WHAT during most of working life, even if retired y COUNTRY? LTIMORE 13. FATHER'S NAME or remayal. UNKnowN UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 215-10-6749 Mrs. (harlotte Loeschke ame crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH of BLADDFR IMMEDIATE CAUSE (o) DUE TO signed I Canditions, if any, which gove (b) rise to immediate cause (o), DUE TO stoting the underlying couse as the has been PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? be detached for use State Dept. of Health blood Pressure drop YES N NO T this certificate 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 1) of item 18.) be retained by the hospital OR CONTR BUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (home, form, (City or town) (County) (Stote) foctory, street, office blda, etc.) Not While at work of work 21. I certify that (I) (this haspital) attended the acceased from 19.6.7, that (!) (we) last 1967, to 7/11 and that death accurred at 3-50 kM, from causes and on the date stated above FUNERAL DIRECTOR: saw the deceased alive an 22o. SiGNATURE 22b. DATE SIGNED M,D C.B.M.C. N. Charles St. Baltimore Md. 22c. PHYSICIANIS O HOSPITAL Dr. N. Eltekharı NAME (Type) 230 BURIAL, CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR (REMATOR) 23d LOCATION (City or Town) (County) (Stote) Stemoval (Speelfy) Moreland Mem. emeteru 250 REC D BY REGISTRAR REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) Inc. Balto. Md. 21214



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

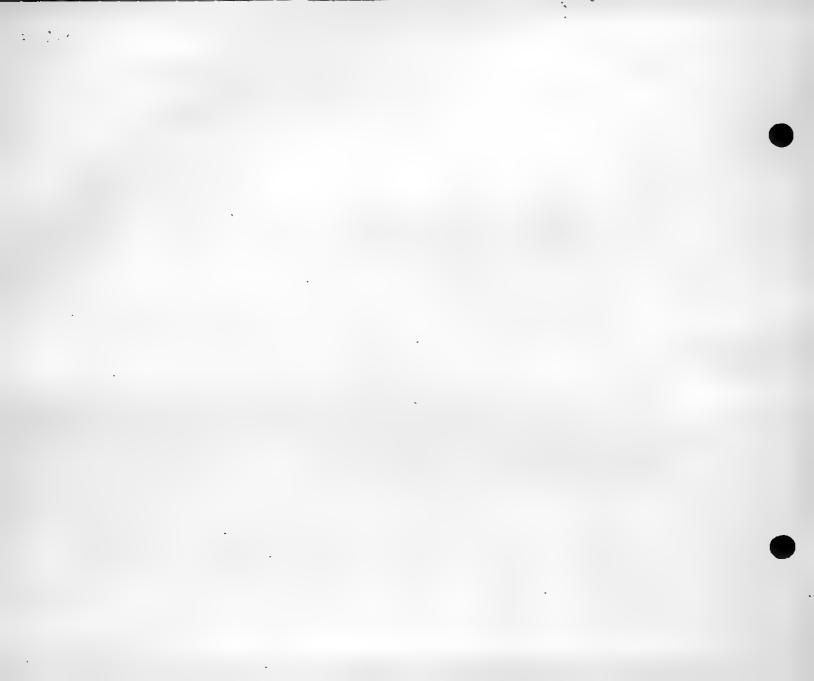
09251 CERTIFICATE OF DEATH 09252 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death **PLACE OF DEATH** 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY **b** COUNTY Maryland Baltimore MARYLAND b CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) lif days Baltimore Fort Howard d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RES DENCE ON A FARM? 1562 Clifton Avenue Veterans Administration Hospital NO Z Middle 4 DATE tast Month Year DECEASED 19 67 event, LOGAN July SAMUEL (Type or print) DEATH 5 SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (n years 7 MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. **NEVER MARRIED** remove Jost birthday) Months Doys 200 WIDOWED DIVORCED Negro Male and 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT duting most of working life, even if retired) ease COUNTRY? INDUSTRY Sumter, S.C. Construction Laborer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Jane Samuel Logan IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Clinical Reds. VA Hospital, Fort Howard, Md. 220 09 95 14 Yes 18. CAUSE OF DEATH (Enter only one couse per ne for (a), (b) and (c)) INTERVAL BETWEEN signed by the bund-transit p PART I DEATH WAS CAUSED BY ONESA MIS DEATH PNEUMONIA, BILATERALLY, UNDETERMINED ORGANISM IMMEDIATE CAUSE (g) XXX Conditions, if any, which gave BONE METASTASES UNKNOWN rise to immediate couse (a), DUE TO stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending prior to UNKNOWN ADENOCARCINOMA OF PROSTATE WAS AUTOPSY PERFORMED? certificate has PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ARTHRITIS LEFT KNEE, UNDETERMINED ETIOLOGY NO 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I ar Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form, 20c TIME OF NURY Month, Day Year (City or town) (County) (State) Hour to m. foctory, street, office bldg , etc.) While Not While of work at work 21. I certify that (1) (this haspital) attended the deceased from May saw the deceased alive on July 4 1907, and that death 19 19 67 to July 19.67, that 10) (we) lost sow the deceased alive on July , and that death occurred of 9.05 M, from couses and on the date stated above. O FUNERAL DIRECTOR: 220. SIGNATURE 22b DATE SIGNED 7/5/67 M D DIRECTOR director, page should be filed 22d 22c. PHYSICIAN'S ADDRESS NAME (Type) NEILON NEILSON. WA Hospital, Fort Howard, Maryland D. 230 BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (Stote) ATIONAL **FUNERAL DIRECTOR** ADDRESS MARSHALL P. HAYES FUNER GILMORE ST. BALTIMORE. MD.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 69252 CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY b. COUNTY papers. Pages I c LENGTH OF STAY IN 16 h. CITY OR TOWN (If outside comporate TOWN (If guiside corporate limits, write RURAL and give negrest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 YES NO. carban NAME OF Middle Dov Year DECEASED OF DEATH 1967 (Type or print) 4-1ce Long 10 S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years 2 lost birthday) Months DIVORCED a d Do USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME ar remayal, 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service 172-01-3683 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c). INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) or attending physician. **DUE TO** Conditions, if any, which gave rise to immediate couse (a), DUE TO far use as the l stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) resection of abdominal artic aneuron 7.5% 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of them 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 2De. PLACE OF INJURY (Hame, form, 2Df (City or town) (County) Hour a m factory, street, affice bldg, etc.) Nat Whee 21. I certify that (I) (this hospital) oftended the deceased from Page 4 may be retained and that death occurred at 2.074M, from causes and on the date stated above saw the deceased alive an_ July 10 O FUNERAL DIRECTOR: 22a. SIGNATURE MED. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S DLINESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION 23b DATE THEREOF VR A15 (4) 25M T/67 ZIM MERMIN



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 09258 CERTIFICATE OF DEATH 00251 death law requires that the death certificate by executed within 24 haurs after deatl PLACE OF DEATH letely filled in by the funeral arban papers Pages 1 and nt, within 72 haurs after deat 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY Baltimore MARYLAND b CITY OR TOWN (If outside carporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Owings Mills Owings Mills d STREET ADDRESS
5 Ritters Lane d NAME OF HOSPITAL OR, INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? 5 Ritters Lane NO the attending physician and completely fish permit. Then please remove carban 3. NAME OF Middle 4 DATE First Year Doy DECEASED (Type or print DEATH IF UNDER 1 YEAR S SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7 MARR ED NEVER MARRIED last b #hdoy) Months February 10, 1905 or removal, and in any DIVORCED 11 BIRTHPLACE (County & Stote, or foreign country) 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) (mployed State Roads 90UNTRY? INDUSTRY Maruland 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Laura E. Hanson harles A. Long Sr. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, ng ar unknown) (If yes give war ar dates of service Mrs. Mary M. Long, Owings Mills. Md. INTERVAL BEDWEEN
ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) burial-transit PART I. DEATH WAS CAUSED BY signed by IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. **DUE TO** Canditions, if any, which gave rise ta immediate couse (o), DUE TO far use as the k f Health priar ta b stating the underlying cause this certificate has been lost. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 20a ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH page 3 should be detached be filed with the State Dept. at (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) factory, street office bidg, etc.) Hour a.m at wark a! wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram_ 7. and that death occurred at saw the deceased alive an 7 1/ A M, fram causes and an the date stated above 22a, SIGNALJR 22b DATE SIGNED STAFF PHYS ATTENDING M D PHYS 22d 22c PHY'S CLAN'S NAME /Type ADDRESS director, BURIAL CREMATION 23b. DATE THEREOF 23c. -NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (County) REMOVAL (Specify) Druid Ridge Pikenville 24. FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 J.F. Eline & Sons, Reisterstown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09254 39255 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. gud PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY 6 COUNTY Baltimore Maryland MARYLAND CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town)
Fort Howard C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Baltimore 15 Days d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS .⊑ papers IS RESIDENCE ON A FARM? filled 6501 Frederick Road Veterans Administration Hospital YES NO TY NAME OF Middle DATE Lost Month Day and campletely DECEASED PAUL CHARLES LORENZ JULY 15 19 67 (Type or print) DEATH SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 7 MARRIED NEVER MARRIED B. DATE OF BIRTH remove Lest b rthday) White Months Male WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT edse during most of working life, even if retired) INDUSTRY **COUNTRY?** and Baltimore, Maryland Printer Newspaper 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remaval, Rhinehart Lorenz Louise Fisher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO **Address** (Yes, ng, ar unknown) (If yes give war ar dates of service) permit. 215-08-88-56 Clin.Rec. VAH. Fort Howard, Maryland Yes crematian, 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
PART I, DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH ADENOCARCINOMA RECTO STOMOTO IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gove (b) rise ta immediate cause (a), DUE TO stating the underlying cause priar tal last. 19 WAS AUTOPSY PERFORMED? PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) DIABETES MELLITUS NO X 20o ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED 20c. TIME OF INJRY Manth, Day, Year (City or tawn) (County) (State) GJ. Haur a m factory, street, office bldg., etc.) Nat While at wark at work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from June 30 . 1967 to July 15 . 1967, thanks (we) last saw the deceased alive an July 15 19 67, and that death accurred al2:15AM fram causes and on the date stated above 22b. DATE SIGNED 22a SIGNATURE STAFF PHYS 7/15/67 M.D DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN S NAME (Type) JORGE A. FABARA, M.D. VA HOSPITAL. FORT HOWARD, MARYLAND 23g. BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) New Cathedral Cemetery Baltimore, Maryland Burial 256 REGISTRAR S SIGNATURE 25a REC D BY REGISTRAR 24. FUNERAL DIRECTOR Frederick Rd & Wade Ave VR A15 (4) 25M 1/67 McNabb Funeral Home Catonsville, Maryland



	U9256 CERTIFICATE OF DEATH	00
1,	1. Place of Death • COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before a. STATE Maryland b. COUNTY	ore admis
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest	town)
	Towson Baltimore	
		S RESIDE
	Presbyterian Home of Md. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	□ NO
3.	DECERSED	Year
_	(Type or print) 9EOR910 E. LUBY DEATH VOIG	19 67
5.	21 MADONE LIKE IN MADONE	DER 24 H
	Female White WIDOWED Sept. 3,1888 78 yrs.	s Mi
10 d	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHA	T COUN
	Housewife Home Baltimorem Maryland U.S.A.	
13	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	Andrew Satterfield Joanna Mitchell	
15 [Y	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ENFORMANT (Yes, no, or unknown) [(Ifyesglvawarordelesofservice)]	
	No Presbyterian Home of Mat. Lowson.	lid.
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	BETWEE
	1 PART I, DEATH WAS CAUSED BY:	whe
	1201 DUE TO	
	Conditions, if any, which) (b) ARTERIOSEJEROTIE CARDIOVASCULAR DIS 3/C	25
	gava rise to immediate cause (a), steting the underlying DUE TO	
	Causa last. (c)	
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WA	S AUTO
E	PERNICIOUS ANEMIR	
u	20s ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of in usy in Part I or Part II of item 18.)	NO
ERTIFICA	OR CONTRIBUTING CI CAUSE OF DEATH] NO
		(Stell
	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. [City or lown) (County) While Not White at work at work	(Stell
MEDICAL CERTIFICATION	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) Hour a.m. 19 While Not Whila at work 19 factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from Dec. 1960 to July 1967, that (I)	(Stell
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, P.m. 19 st work at work factory, street, office bldg., etc.) 21. I certify that (I) (this hespital) attended the deceased from Dec. 1960, to My	(Stell
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED thou a.m. 20f. [City or lown] (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED thou a.m. 20f. [City or lown] (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED thou a.m. 20f. [City or lown] (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED thou a.m. 20f. [City or lown] (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED thou a.m. 20f. [City or lown] (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED thou a.m. 20f. [City or lown] (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED thou a.m. 20f. [City or lown] (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED thou a.m. 20f. [City or lown] (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED thou a.m. 20f. [City or lown] (County)	(Stell
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. [City or lown) (County) While Not While at work factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from DCC 19.40, to July 19.72, that (I saw the deceased alive on July 28 19.67, and that death occurred at 16.74, M, from the causes and on the date state 22a. SIGNATURE ATTENDING MED. STAFF PHYS. ATTENDING PHYS. DIRECTOR PHYS.	(Stell
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. [City or lown) (County) While Not While at work factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from DCC 19.4.0, that (I) saw the deceased alive on Junc 28 19.7., and that death occurred at 17.4. M, from the causes and on the date state 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. DIRECTOR	(Stell
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. [City or lown) (County) While Not While at work factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from DCC	(Stell
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. While St work at work at work factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from DCC	(Stell) (we) ed abo
MEDICAL	20c. TIME OF INJURY Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Gity or lown) While st work at work factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from DCC	(Stell) (we) ed abo

MARYLAND STATE DEPARTMENT OF HEALTH





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY a. STATE by the final Pages 1 urs after BALTIMORSMARYL AND MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b completely filled in by the carbon papers. Page eventually 172 hours at TO ISON B. LTIMC at CITY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS Cold Spring ON A FARM ... Chesancake Manor Nursing Home Guilford Towers. YES NO T within NAME OF DECEASED Month First Middle Last DATE (Type or print) JOSHPHINE DEATH 1967 certificate be executed 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED K AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 9. last birthday) | Months | Davs Hours After this certificate has been signed by the attending physician and of be detached for use as the burial-transit permit. Then please remot state Dept. of Health prior to burial, cremation, or removal, and in any Mhite WIDOWED DIVORCED **Female** Dec. 22.1876 90 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Bultimore, Maryland 13. FATHER'S NAME MOTHER'S MAIDEN NAME Frederick A. I. Masson Lucchesi 16. SOCIAL SECURITY NO. | 17. INFORMANT, Niece 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) Address Balto., Md. death 212-10-3294 L. Jenkins. Coldenring Lane INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). The law requires that the ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that the hospital or attending physician. **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 120e. PLACE OF INJURY (Home, farm, (County) (State) TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) D FUNERAL DIRECTOR: After the director, page 3 should be de should be filed with the State Hour a.m. While Not While at work at work be retained 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 2M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 1100 PHYS. DIRECTOR M.D. 4 may 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) (State NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. 0 New Gathedral Cemetery Baltimore. "d. 1967 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) CCMTLANY, 108 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) Baltimore b. COUNTY to a Waryland papers. Pages 1 in 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town)
Catonsville Randallstown filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE mt. within 72 ON A FARM? Shady Nook Nursing Home 29 Cedar Hill Road YES NO K completely ye carllon p 3. NAME DE Elizabeth Middle Lacke DATE TUDGASIU .967 (Type or print) DEATH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last pirthday) | Months | Days | Hours | Min. Female 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED and remo any Jan 3. 1883 WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? = 11. BIRT HPLACE (County & State, or foreign country) Balto. Md. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Roderick McInnis Neta (unknown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 50 (Yes, no. or unkown) ((If yes give war or dates of service) Mr. Frank Lucke 29 Cedar Hill Road no none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which peen gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO IV YES [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from _, that (1) (we) last saw the deceased alive on. and that death occurred at... .M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. filed DIRECTOR PHYSICIAN'S ADDRESS FUNERAL director, p Wilkins Ave. Balto. Md. Benitez 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOYAL (Specify) Lorraine Mausoleum Woodlawn Entombrent 7/6/67 Balto Co Md 258. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VR ALS



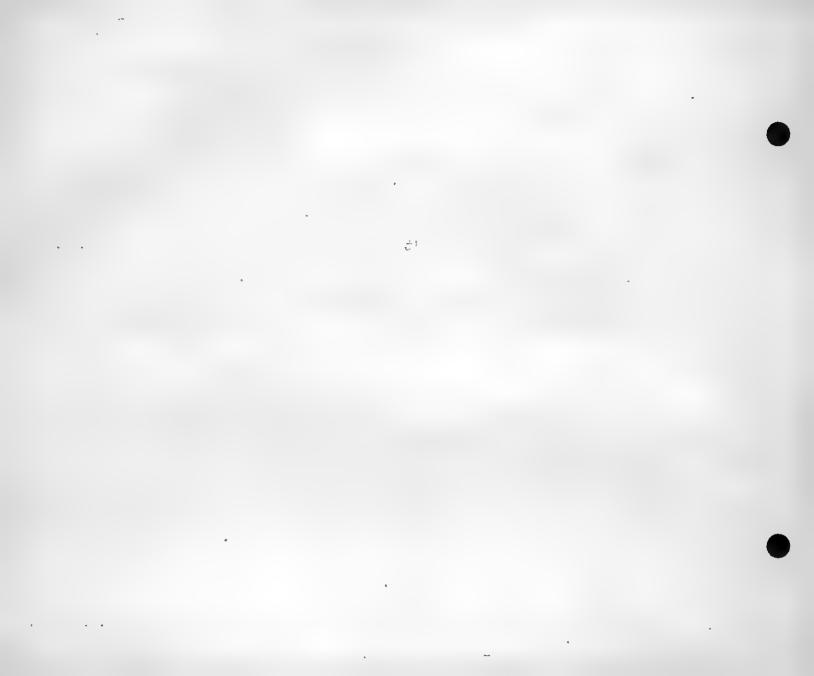
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 260 CERTIFICATE OF DEATH J 6 PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Baltimore Baltimore after Maryland **MARYLAND** b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Catonsville c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours Catonsville 10 Years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filler ON A FARM? 24 6012 Moorehead Road 6012 Moorehead Road NO X YES death certificate be executed within 3. NAME DE First Month Middle Last DATE Day DECEASED 28 Jul 7 67 Rosina M. compl (Type or print) Ludwig DEATH 19 DATE OF BIRTH 5. SEX IF UNDER 24 HRS 6. COLOR OR RACE AGE (in years | IFUNDER 1 YEAR | last birthday) | Months | Days and cor 7. MARRIED NEVER MARRIED Hours Female White WIDOWED R DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife 12. CITIZEN OF WHAT physician and please reval, and in 11. BIRTHPLACE (County & State, or foreign country) COUNTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Fassel Virginia Kimball 17. INFORMANTDaughter) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Caronsville. Md. 6 (Yes, no, or unkown) (If yes give war or dates of service) been signed by the atte the burial-transit permit or to burial, cremation, o Mrs. Ida Wiessner, 6012 Moorehead Rd. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN PHYSICIAN: The law requires that the ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) or attending physician. diac DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. as (c) WAS AUTOPSY CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? NO DI YES 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part | or Part | of Item 18.) tached f MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While ATTENDING 19 at work at work p.m. 1962. that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 196 DIRECTOR: age 3 should lied with the and that death occurred at 45HM, from the causes and on the date stated above. saw the deceased alive on. DATE SIGNED 22a. SIGNATURE 22b. MED. STAFF M.D. PHYS. DIRECTOR PHYS. E C HOSPITAL FUNERAL PHYSICIAN'S ADDRESS 22d. director, p James J. Nolan D. Mallow Hill Rd. Catonsville, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) 2 Oak Lawn Cemetery Baltimore, Maryland **ADDRESS** 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR John J. Duda, 7922 Wise Ave. Dundalk, Md. VR ALS 2DM 1/65

G * * .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09260 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY p. STATE b. COUNTY Baltimore Maryland Anne Arundel MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate imits, c LENGTH OF STAY IN 16 write RURAL and give nearest town 5yrllmth26dys Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE DN A FARM? 72 Southgate Avenue SPRING GROVE HOSPITAL STATE ND NAME OF Eirst Middle Lost 4 DATE Dov Year DECEASED Caroline M. Lutz July 23 67 cor DEATH SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months and in any Feb. 21, 1896 WIDDWED DIVORCED female white and 100 USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) physicion of please INDUSTRY

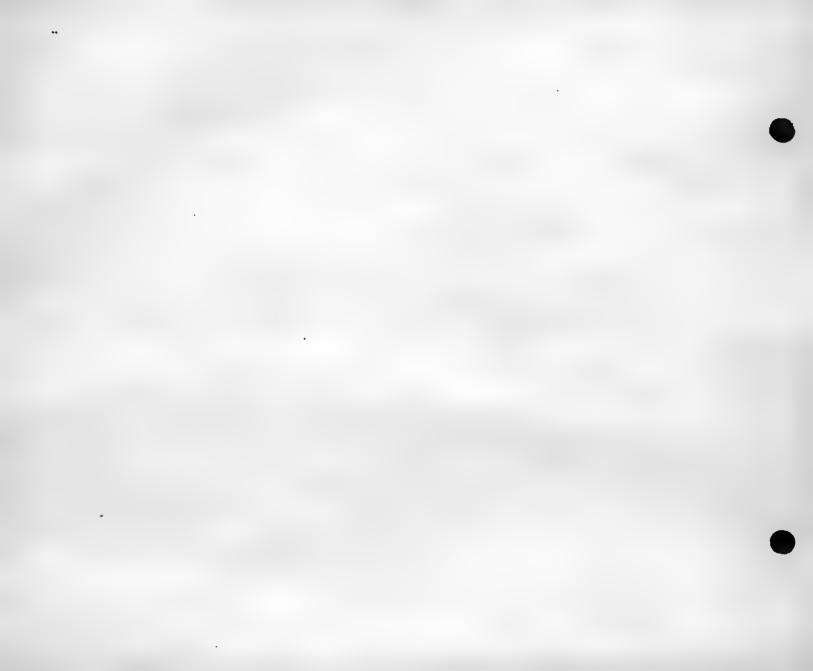
S GOV 11 U. S. Maryland secretary 13 FATHER 5 NAME 14 MOTHER'S MAIDEN NAME or remayal, J. August Lutz Dutzen Appa M. 15 WAS DECEASED EVER IN L.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 220-48-5350T Records: SPRING STATE GROVE HOSPITAL burial, cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) signed by the PART I. DEATH WAS CAUSED BY burial-transit ONSET AND DEATH Pneumonia IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if ony, which gove (b) rise to immediate cause (a). DUE TO stoting the underlying couse PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(o) WAS ALTOPSY PERFORMED? Generalized arteriosclerosis - Malnutrition NO. 200 ACC DENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg. etc.) 19 61 to July 23, 19 67that (1x (we) last July 27 21. I certify that PA (this haspital) attended the deceased from saw the deceased alive on July 23 19 67, and that death occurred at 0:3 M, from couses and on the date stated above 226 DATE SIGNED 22o SIGNATURE Wachsler 7-23-67 MD DIRECTOR PHYS GROVE STATE HOSPITAL 22c PHYSICIAN S TO FUNERAL Stella Wachsler, M.D. NAME (Type) Baltimore, Maryland 21228 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BUR AL CREMATION (Stote) REMOVAL (Specify)
Burial Mary's Cemeter annapolis 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) 25M 1/67 - Annauo



, _ 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
- 2 - 2	09262 CERTIFICATE OF DEATH
er death	1. PLACE OF DEATH c. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) c. STATE Maryland b. COUNTY Baltimore
n v and Poors aft.	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Baltimore Co.
n 24 ho illed in popers	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 6721 Hillendale Rd d. STREET ADDRESS 6721 Hillendale Rd. 8. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
d withi letely f carbon nt, with	3. NAME OF First Middle Lost 4. DATE Month Doy Year OF OF DEATH 7-15-67 19
execute d comp move c	S SEX 6. COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH 2-13-28 9 AGE (In years left under 1 year in
ate be cion an esose re	10a USUAL OCCUPATION (Give kind of work dane during most of work no life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY? COUNTRY?
physi physi hen pl noval,	13. FATHER'S NAME Leo Maestri Ratherine Levezzi
death a trending rmit. T	Is. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes que was ar dates of service) 18 9-25-46 1-28-48 432 34 9637 Catherine D. Maestri
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death be retained by the hospital or ottending physician. NRECTOR: After this certificate has been signed by the attending physician and completely filled in the states of should be detached for use as the burial-fronsit permit. Then please remove carbon papers. Papers and with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause (c) [b] DUE TO [c] INTERVAL BETWEEN ONSE; AND DEATH INTERVAL BETWEE
DING PHYSICIAN: The low reby the hospital or attending after this certificate has been be detached for use as the State Dept. of Health prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES \(\sigma \) NO
SICIAN ospitol (ertifical ned for t. of He	PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor Haur a.m. 20d. INJURY OCCURRED While Not While Grace, Street, office bldg, etc.) PERFORMED? YES NO 20d. INJURY OCCURRED. (Enter noture of injury in Part 1 ar Port II af item 18.) (County) (State)
VG PHN the harmonic this of detoclate Dep	p.m. 19 at wark at wark
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	21. I certify that (I) (this heapital) attended the deceased from July 15, 1967, to July 15, 1967, that (I) (we) los saw the deceased alive an did not see 1961/194 and that death accurred at M, from causes and on the date stated above 220 SIGNATURE 220. DATE SIGNED
O HOSPITAL OR ATTENI Poge 4 may be retained FOGE 4 may be retained FOGE 6 per retained director, poge 3 should should be filed with the	M.D. PHYSICIAN S M.D. PHYSICIAN S 227 PHYSICIAN S 226 ADDRESS
TO HOSPITAL Poge 4 may TO FUNERAL I director, pog should be fil	NAME (Type) Worth Daniers, Tr. // E. Chase ST. 230. BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	REMOVAL (Specify) 7-17-67 Liberty Cemetery Greenwood Arkenses 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25h_REGISTRAR'S SIGNATURE
VR A15 (4) 20 M 1/66	Wm. E. Johnson. 8521 Loch Raven Blvd. Balto. Md. Hyl 19 1967 Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 99275 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death the ottending physician and completely filled in by the funeral sit permit. Then please remove carbon papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b CITY OR TOWN (if autside carparate CLENGTH OF STAY IN 16 c CITY OR TOWN (If Justide corporate limits, write RURAL and give nearest town) Woodmoor INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE 4. DATE NAME OF Last Month Doy DECEASED OF (Type or print) DEATH SEX AGE (In years F UNDER IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH NEVER MARRIED Months idoy) Doys Hours WIDOWED DIVORCED or removol, and in ony 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if fetred) UNDUSTRY COUNTRY? SALCS 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME 16 SOCIAL SECURITY NO 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates of service) 234-10-4845 TB CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN buriof-tronsit IMMEDIATE CAUSE (a) Conditions, Eany, which gove nse to immediate cause (a) DUE TO stating the underlying cause Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate hos been as the FROSIS lost PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? for use Stote Dept. of Health NO YES 20a ACCIDENT WAS UNDERLYING □ 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (Caunty) (State) foctory, street, office bldg , etc.) Not While 21. I certify that (1) (this haspital) attended the deceased from 1967, that (I) (we) lost and that deoth accurred at 10:50 M, fram causes and on the dote stoted above saw the deceased ofive on 22g, SIGNATURE 22b. DATE SIGNED director, poge 3 should be filed v DIRECTOR 22d. ADDRESS 22c PHYSICIAN S NAME (Type) 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (County) REMOVAL (Specify) 7/11/1967 Clarksburg, West Virginia Removal 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 ■ 1/



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00083

CERTIFICATE OF DEATH

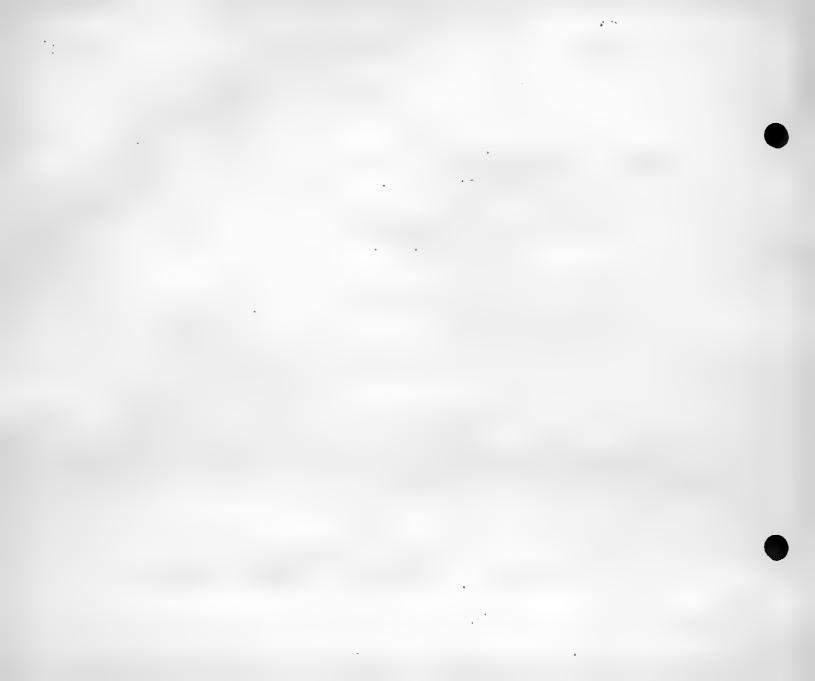
09262

	O O IE IA G				- 12 0 12
1	PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (V		ution Residence pefore admission)
	Baltimore	MARYLAND	o. STATE M	aryland b. co	UNIY
Г	b CITY OR TOWN (If outside corporate limits	c LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	tside corporate iimits, write R	RURAL and give nearest fown)
ı	write RURAL and give nearest town) Baltimore		B	altimore	1: .
Г	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospit	ol, give street address)	d STREET ADDRESS		a IS RESIDENCE ON A FARM?
L	1203 Elmridge Ave. 2	1229	1203 Elmri	dge Ave. 212	229 YES NO ₹
3.	NAME OF First	Middle	Lost		onth Day Year
П	OECEASED (Type or print) Berniec	e A.	Mahoney	OF DEATH Jul	Iv 8 1967
5	SEX 6 COLOR OR RACE 7 MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years	IF UNDER . YEAR I IF UNDER 24 HRS
L	Female White WIDOW	ED DIVORCED	July 5, 191	6 lost birthdoy) 5 1 yrs	Months Days Hours Min
		KIND OF BUKINESS OR BOUS			12 CIT ZEN DE WHAT
ar		r Arm. Div.	Conn.		COUNTRY? USA
Ti	3. FATHER'S NAME	2	14. MOTHER'S MAIDEN N	IAME	
	Wozniak			Helen	
		16. SDCIAL SECURITY NO 37	INFORMANT		dress 21229
Γ_6	(es, no, ar unknawn) (If yes give wor or dotes of service)	026-10-3349 Mr.	Joseph P.	Mahonev, 1203	3 Elmridge Ave.
F	18. CAUSE OF DEATH (Enter only one couse per line			1 1	INTERVAL BETWEEN
П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	elerman.	ecoma-	al the s	male ONSET AND DEATH
	DUE TO		· /	1,	
	Canditions, if any, which gove) (b)	Mestine wo	th melo	stosis	(2/1)
l	nse to immediate cause (a), Stoting the underlying couse		•		
	kast. (c)				
Z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
AE I					YES NO
CERTIFICATION	20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY DCCURRED	(Enter noture of injury in I	Part I or Port II of item 18)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	29c TIME DF INJURY Month, Doy, Year 20		CE OF INJURY (Home, farm		(County) (Stote)
¥	p.m. 19 of	hile Not While I fact	lory, street, office bldg , etc.)	Λ .	
	21 I certify that (I) (this haspital) at		June ,	966, to July	1967, that (I) (we) la
	saw the deceased alive an	8 19 67, and tha	t death accurred at	3 25 P. M. from cause	and an the date stated above
	220 GIGNATURE	7/	ATTENDING 🤝	MED STAFF	22b. DATE SIGNED
П	suren of her	rollon Mi	D PHYS	DIRECTOR PHYS	1/10/67
	22c. PHYSICIAN'S NAME (Type) Dr. Harbort T	Tandalas		04 East Drive	
L	Br. Herbert J.			axdenxChexeex	
23	BO BUR AL CREMATION, 23b DATE THEREOF	23¢ NAME OF CEMETERY OR		23d LOCATION (City or 1	, , , , , , , , ,
L	REMOVAL (Specify) Burial 7//12/67	and the same of th	ral Cemetery		e Md.
1	24. FUNERAL DIRECTOR	ADDRESS	250 REG D	BY RIGISTRAR 196725b	RECEIVE MININGS
	Howard H. Hubbard, 4107	Wilkens Ave.	21229 DATE		

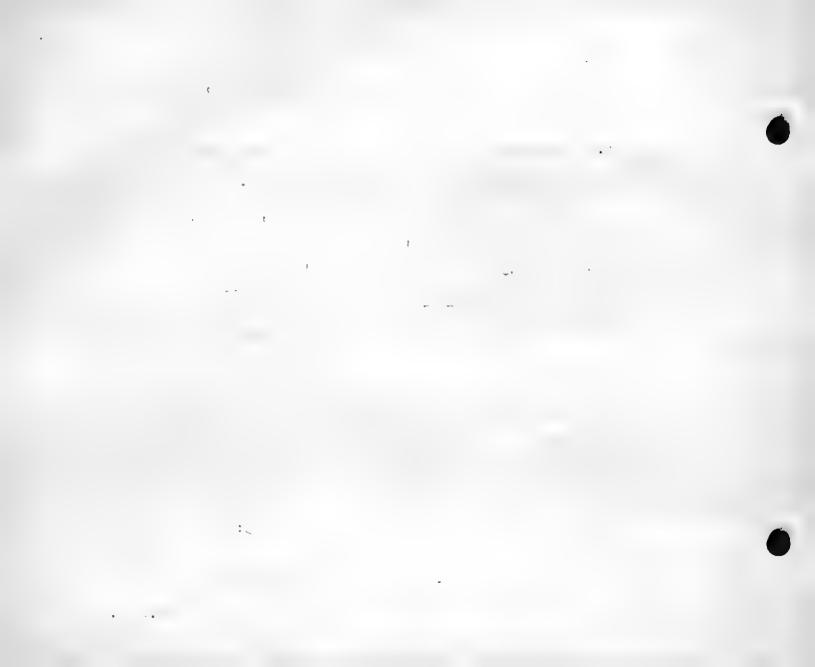
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely director, page 3 shauld be defached for use as the bur.al-transit permit. Then please remove capos should be filed with the State Dept. of Heaith prior to burial, cremotion, or removal, a≡d in any evenf w Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

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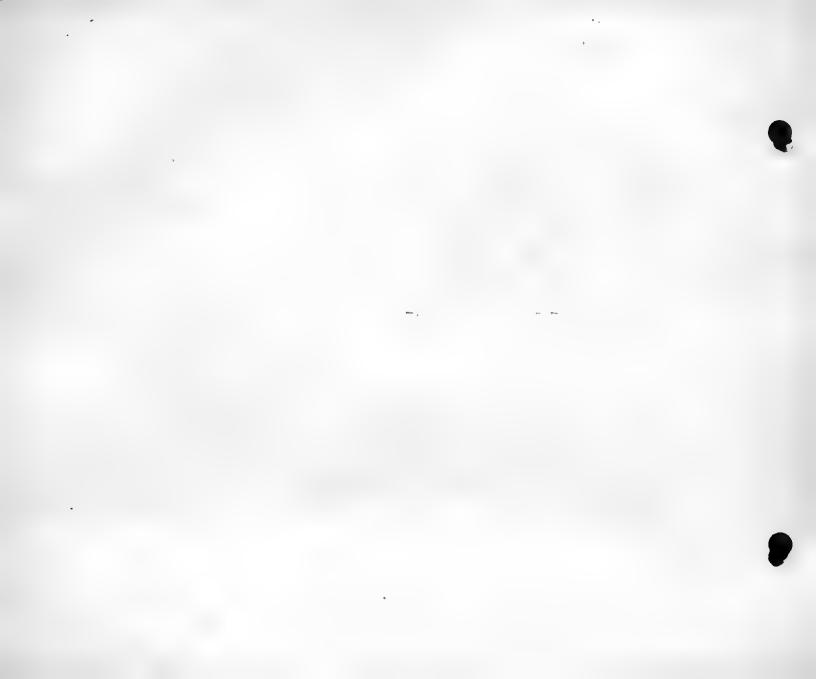


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 30) W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09263 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE **b** COUNTY Baltimore MARYLAND Maryland Baltimore b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? St. Joseph Hospital YES NO K Unton Road NAME OF Middle 4 DATE Day DECEASED (Type or pant) Louis DEATH Maivelett July S SEX IF UNDER 1 YEAR 6 COLOR OR RACE 9. AGE (in years 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED lost birthday) Months Dovs WIDOWED DIVORCED Male White October 13, 1888 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stole, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Italy Hendler's Ice Creem Italy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI or remayal. Flaviano Maivelett D'Egidio Abruzzi ts WAS DECEASED EVER IN U.S. AKMED PONCES: (Yes, no, or unknown) (If yes give war or dates of service) 17 INFORMANT (nee 1220) 16. SOCIAL SECURITY NO. Address 5-03-2843 Antoinette Maivelett, wife, above crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH Cerebrad hemorrhage - right side IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending this certificate has been 19 WAS AUTOPS!
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO CA 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Harne, farm, (Caunty) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (State) factory, street, affice bidg, etc.) Not While at wark at work 21. I certify that (1) (this haspital) attended the deceased fram____ July 27, 1967, to July 28, 1967, that (1) (we) lost 1967, and that death accurred an engage M, from causes and an the date stated above saw the deceased after an Int v 28 22a. SIGNATURE 22b DATES GNED STAFF PHYS LULIOSO 7-28-67 DIRECTOR M.D 22d ADDRESS 22c. PHYSICIAN'S Mimo Gayoso, M.D. NAME (Type) 7620 York Road #21204 director, should br 23a BURIAL, CREMATION, 23d. LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) By PEMOVAL (Specify) 7/31/67 Gardens of Faith Cemetery Balto., Md. 9 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Schimunek Funeral Honeiss VR A15 (4) 25M 1/67 3331 Brehms Lane DATEAUG 1967



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09264 09265 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY any delay is 1, 2, and 3 ta n PM3. Page o. STATE **b** county MARYLAND Baltimore
N (If outside corporate imits, Maryland

c CITY OR IOWN (If outside corporate limits, write RJRAL and give nearest fown) the State Department c LENGTH OF STAY IN 16 Write R. RAL and give nearest town) 8 days Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE the certificate, writing the ward penaing in penal office along with farm a shauld be farwarded to the Chief Medical Examiner's Office along with farm ON A FARM? Mount Wilson State Hospital YES NO T 3712 Liberty Hts. be executed within 24 haurs after death NAME OF First 4 DATE Doy DECEASED ÔF (Type or print) DEATH 1967 HE UNDER 24 HRS CYPRYAN MALISZEWSKI n years burial-transit permit File pages Land 2 with S SEX 6 COLOR OR RACE 8 DATE OF BIRTH b rinday) Months Dovs Sept 26 1893 removal, and in any event within 72 haurs after death DIVORCED WHOOWED Male White 11 BIRTHPLACE (State or foreign country) 10b KIND OF BUSINESS OR tDo_USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT during most of working life, everythetired) U S A Oakloon Cloth Co Poland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Peter Malisewski Catherine Piaseski IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Melvin Pruchniewski 313 Twin Oak Rd 21090 No 216-07-9695 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) Syncope during local anesthesia for broncoscopy This certificate shauld DUE TO Conditions, if any, which gove Bronchogenic carcinoma of rt. lung with rise to immediate couse (a), DUE TO stating the underlying couse 0 metastatic to liver and lymph nodes be used 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) CERTIFICATION YES 🛣 NO 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of in any in Port L or Port L of Item 8) 3 shauld crematian, ar MEDICAL EXAMINER: CAUSE OF DEATH Syncope during local anesthesia for broncoscopy 3 e PLACE OF INJURY (Hame, farm, 20c TIME OF INJURY Month Dov Year 20d NJURY OCCURRED (City or fown) (Stote) Page While factory, street office bldg etc.) Not While at work of work Hospital Ralto. Ralto. 21 I certify that I taak charge of the remains described above, held an Autapsy v Inquiry and in my apin an may be retained far FUNERAL DIRECTOR: Inspection 1 death resulted fram Suicide ... Natural causes Accident _v, Ham cide Undetermined manner funeral director CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city town, or county) July 5, 1967 Russell S. Fisher, M.D. Heat 230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) 50 BMOVAL (Specify) Balto Md July 8 1967 German Hill Rd Holy Cross Cemetery The Dippel Brothers Inc 1800 E Lombard St 250 REC D 8Y REG-STRAR 2Sb REGISTRAR S S.GNATURI 24 FUNERAL DIRECTOR VR A15ME 6M 1/67



MAKTLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

69265

(State)

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a. COUNTY

I. PLACE OF DEATH

_	_	_		 				_	-	_	24	
_			A CTATE	•		If institution COUNTY	Residence	bei	ore	ødi	missio	

Baltimore	MARTEAND	California						1.2
 CITY OR TOWN (If autside carporate limits, w RURAL and give nearest town) 	write c. LENGTH OF STAY IN 16	LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carpo			URAL and	give nec	arest fowr	n)
Woodlawn	3 weeks	San Fra	ncis	00	4			
d NAME OF HOSPITAL (If not in haspital, give : OR INSTITUTION	street address)	d. STREET ADDRESS				Ĭ	e IS RES	SIDENCE FARM?
6704 Dogwood Ro	ad	701 Pos	t St	reet				NO 🔀
3. NAME OF First DECEASED	Middle	losi	4. DATE	Mon	th	Da	у	Year
(Type or print) Gertrude	B.	Mansfield	DEATH	7		9		19 67
5. SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH		9 AGE (In years	IF UNDE		IF UNDE	R 24 HRS
Female White w	DOWED DIVORCED	7/8/1894		last birthday) 73 yrs	Manths	Doys	Haurs	Min.
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	ar foreign c	ountry)	12. CIT	IZEN O	F WHAT C	COUNTRY
Bookkeeper	Real Estate	Bridgeno	rt. (Conn.		U.	S. A	A.
13. FATHER'S NAME	₩	Bridgepo	AME					
Clifford Banks		Barrett						

	Clifford Banks	5			Barrett				
Yun	WAS DECEASED EVER IN U.S. ARA		16. SOCIAL SECURITY NO	17, INFORMA			Add	ress	
	T// O •		179901-7701	Mrs.	Thelma	Rinn	6704	Dogwoo	od Road
	18 CAUSE OF DEATH [Enter onl		er line far (a), (b), and (c)			VA	,		INTERVAL BETWEEN
	PART I. DEATH WAS CAUS IMMEDIATE C	ED BY: AUSE (a)	Acute	400	mary	The	out?	1765	ONSET AND DEATH
		DUE TO	Art 210. 2	et 0 5	eti:	Const	to still	1.01	
	Ganditions, if any, which gave rise to immediate	(b) /	1.00.000	C C C	1	cesor	wr	COLL	
	cause (a), stating the under- lying cause last.	(c)							
5	PART IT OTHER SIGNIFICA	NT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RE	LATED TO THE TERM	INAL DISEASE	CONDITION GIV	VEN IN PART 1	(a) 19 WAS AUTOP: PERFORMED? YES NO
ز									163 🔲 140

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20d. INJURY OCCURRED factory, street, affice blda, etc. White Not while at work 7-9- 196 /, that (1) (we) last

23 I certify that (1) (this haspital) attended the deceased fram.__ 19.0 /, and that death accurred at 1.1. M, from the causes and an the date stated above 220 SIGNATURE

M.D. ATTENDING MED DIRECTOR STAF MED STAFF DIRECTOR PHYS

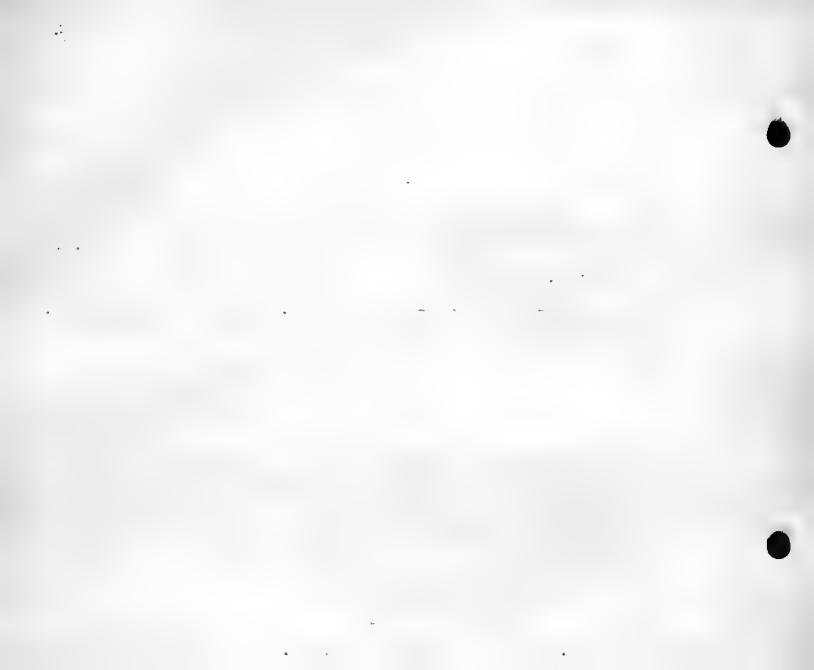
23a	BUR AL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION (City, town or county)	(State)
	ででは世紀で10n 7/12/1967	Mountain Grove	Bridgeport, Conn.	, ,

24 FUNERAL DIRECTOR'S SIGNATURE 256 REGISTRAR'S S GNATURE 250 REC'D BY REGISTRAR **ADDRESS** Stansbury Funeral Home Woodlawn, Md.

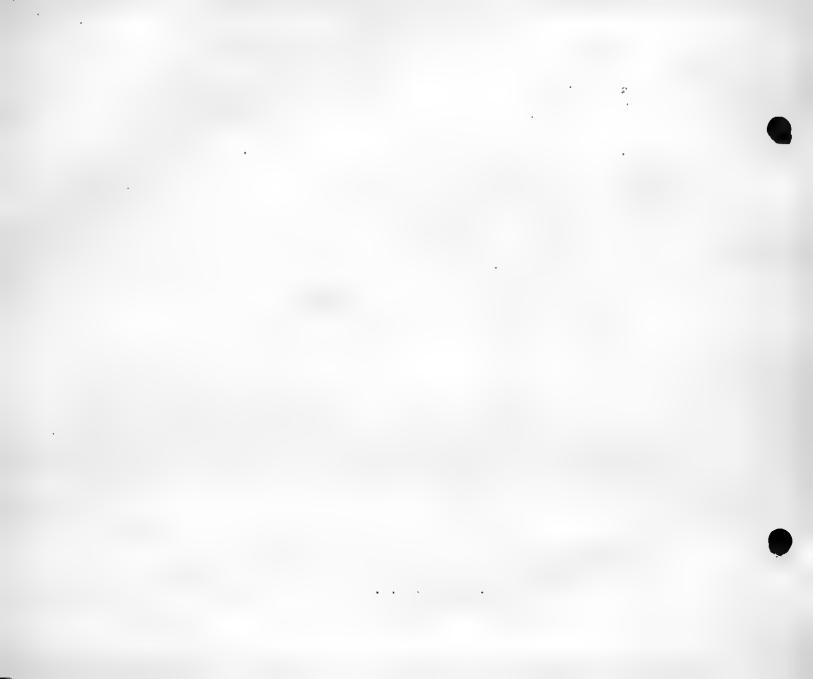
VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09266 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed, if institution. Residence before admission) o. COUNTY b COUNTY Baltimore Maryland Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If guts de comparate limits, write RURAL and give negrest tawn) days Phoenix. Towson d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? St. Joseph Hospital Box 127. Rte. YES NO X NAME OF Middle burial, cremation, or removal, and in any event with First Month Day Year DECEASED ELMA MARKLINE G. 167 July 20 (Type or pnnt) DEATH S SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 1 IF UNDER 24 HRS 7 MARRIED NEVER MARRIED remave last birthday) Months White April 24,1905 Female WIDOWED DIVORCED | 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) COUNTRY? INDUSTRY attending physician Home Maryland (Towson) Homemaker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Bertha Parks Harry C. Greaser 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 17. INFORMANT AddressRD #1 Box 127 16. SOCIAL SECURITY NO. permit 220-48-7579 Louis E. Markline Phoenix. Md. INTERVAL BETWEEN TB CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY signed by the burial-transit p ONSET AND DEATH IMMEDIATE (AUSE (a) Cerebral Hemorrhage DUE TO Canditians, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause detached for use as the te Dept. of Health priar ta (c) 19 WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 1 of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20x TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home form. (City or town) (County) (State) While at work at work factory, street, affice bldg, etc.) certify that (a) (this haspital) attended the deceased from July 18 _____, 19_67, to July 20 __, 1957_, that \$4) (we) last director, page 3 should should be filed with the sow the deceased alive on July 20 1967, and that death occurred at \$45pM, fram causes and an the date stated above. 226 DATE SIGNED 22a SIGNATURE X 7/20/67 DIRECTOR 22d ADDRESS 22c PHYSICIAN'S Jaime Singzon NAME (Type) . M.D. 23d LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (County) (State) Madonna, Maryland
GISTRAR 25b REGISTRARS SIGNATURE Bethel 250 REC'D BY REGISTRAR ADDRESS 24 FUNERAL DIRECTOR Jarrettsville. Menley Judge Charles E. Kurtz Md DATE 1 2 4



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09267 39268 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a. COUNTY a STATE b. COUNTY PM3. Poge 0 of MARYLAND Marvland b CITY OR TOWN IT outside corporate lumits. pages 1 and 2 with the State Department c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 15 write RURAL and give nearest town) Baltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 5: word "pending" in pencil in Item 18. Give Pagest the Chief Medical Examiner's Office along whit to St. Joseph's Hospital 1619 E. Chase Street YES □ NO [This certificate should be executed within 24 hours ofter death NAME OF Middle 4 DATE Year DECEASED OF DEATH (Type or print) MARTIN BLEASE July 6 COLOR OR RACE DATE OF BRITE 9. AGE (In years IF UNDER 24 HR 7 MARRIED [2] NEVER MARRIED last birthday) Months Days within 72 hours ofter death. DIVORCED Male Colored 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT State or foreign country during most of working with ever it retired) INDUSTRY 13 FATHER'S NAME MOTHERA MAIDEN NAME IS WAS DIVEASED EVER IN U.S. ARMED FORCES? (Yes, na, on mikirawn) (If yes give war ar dates of service) 16 SOCIAL SECURITY NO CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART J. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH in any event Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a) e, writing the word forwarded to the Ch DUE TO Conditions, if any, which gove (6) rise to immediate cause (a), DIJE TO stating the underlying cause puo removal, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION the certificote, YES 🔽 NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of dem 18) 3 should PRIMARY CONTRIBUTING CO EXAMINER: CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20e, PLACE OF NJURY (Hame, form, 20d NURY OCCURRED (City or town) (Caunty) (State) Hour a.m factory, street, office bldg , etc.) may be retained for your FUNERAL DIRECTOR: Page at wark at wark 21. I certify that I took charge of the remains described above, held an Autopsy [X]. Inspection . and in my opinion Inquiry Natural causes X. Accident deoth resulted fram Su cide ... Homic de Undetermined monner funeral director CHIEF MEDICAL EXAMINER X Health prior to **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE M.D DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Russell S. Fisher, M.D. Address (Street, city, town, or county) July 22, 1967 23g BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATOR 23d LOCATION (City of Town 50 2Sq REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE VR A15ME (5)-JUL 2 5 1987 Melinta, Judge





A 1	1	MARYLAND STATE DEI	
(N. A)		Division of STATISTICAL RESEARCH AND RECORDS, 301	(,) 3 6 6
FOR STATE()	_	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH (3259)
HEALTH DEPI	Ī	PLACE OF DEATH a. COUNTY	2 USUAL RESIDENCE (Where deceased lived, f institution. Residence before admission)
lay is 13 to Page ent of leoth.		Baltimore MARYLAND	a STATE Maryland b. COUNTY Baltimore
delay and 3 1 M3 Pag rtment o	Г	b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 write RURA, and give negrestatown).	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
f any delay is 1, 2, and 3 to m PM3 Page Deportment of rs after deoth.	L	write RURA, and give neares (2%) Dundalk (2%)	Dundalk (22)
Property of the Control of the Contr		d NAME OF MOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d STREET ADDRESS e is residence on a farm?
# 80 c # 4	ļ	7817 Sholar Rd. NAME OF First Middle	7817 Sholar Rd. YES NOTE
24 hours after death. If in Item 18 Give Pages 1, rs Office along with form es 1 and 2 with Alterstate Denny event within 72 hours	1	NAME OF First Middle DECEASED ((Type or print) MATILDA MAYESKI	Last 4 DATE Manth Day Year OF DEATH Jul 8, 19 67
and difference of the state of	S		DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS
18 d		Female White WIDOWED TO DIVORCED F	last burthday) Months Days Haurs Min
thin 24 hours encil in Item 18 miner s Office o poges Tond 2 v in ony event	1De	LUSUAL OCCUPATION (Give kind of work dane) 10b KIND OF BUSINESS OR	11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT
24 in I rs (rs (Farm Worker Farm	Baltimore, Md. COUNTRY?
htm ncil nine pog	13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
ed within 24 in pencil in lexominers. Exominers. File pages	l ic	Stanley Bruzdzinski	Frances Murawa
be executed within "pending" in pencil in pencil in pencil in pencil or in the factor of the permit. File pogot removol, and in the factor is the pencil or removol.	(3	es, na, ar unknawn) ((if yes give war ar dates af service))	NFORMANT Address
be executed pending" is medical ief Medical nsit permit.	-	NO 216_34_01.07 Will 18 CAUSE OF DEATH (Enter anly one cause per line for (a) (b) and (c)	liam Mayeski Same
be e 'pen'pen		PART I, DEATH WAS CAUSED BY	ISEASO (ONSET AND DEATH
shauld be e te word "per to the Chief I burial-tronsit matian, or re		421 DHFTO 0	TONS -
shauld le word o the Ch ourial-tro natian, (Conditions, if any, which gave) (b) (Des) ty	
ote shauld the word of to the C o burial-tr		nse to immediate couse (a), stating the underlying cause DUE TO	
certificate shauld writing the word rworded to the Cl sed as a burial-tre puriol, cremation,		last. (c)	
	5	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	PERFORMED?
is the section of the	EAT	2Do EXTERNAL CAUSE WAS 205 DESCRIRE HOW INITIRATED AS	YES NO
E 00	CERTIFICATION	PRIMARY CONTRIBUTING CAUSE OF DEATH	Entencenture of injury in Port I or Port II of term 1B)
EXAMINER: ute the certified 4 should your files Poge 3 should ed agent, pri	MEDICAL	Hour a.m White Not While factor	E OF IN.JRY (Hame, farm 2Df (City or town) (County) (State) ary, street, office bldg., etc.)
L EXA recute Page or you R:Pog		21. I certify that I taak charge of the remains described above, held	d an Autapsy , Inspection Inquiry A and in my apinion
AL exec or. Por TOR			de, Homicide Undetermined manner
MECTO. Pleose explication. Projugation of the pro	l	I ma	CHIEF MEDICAL EXAMINER
		ACTUAL SIGNATURE 1 1 2 2 2 2 2 2	M D ASSISTANT MEDICAL EXAMINER [] 22. DATE SIGNED
RA Per Y		EXAMINER'S	DEPUTY MEDICAL EXAMINER
TO DEPUTY necessory, the funery 5 may be 10 FUNERA Heolith or	22.	NAME (Type) Molvin B. Davis M.D. 6800 Morn B. BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR C	RIMATORY 23d LOCATION (City or Town) (County) (State)
5 g # 2 5 g	(31	REMOVAL (Spec fy) 7/11/67 Sacred Heart	
Cha	2	FUNERAL DIRECTOR ADDRESS	250 REC PLAY REGISTRAR 19636 REGISTRALS SIGNATURE QUILIARE
VR A15ME (5)	R	muddinski Funeral Home 1407 Eastern Av	

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MARYLAND STATE DEPARTMENT OF HEALTH 09270 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b COUNTY Baltimore MARYLAND Maryland b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest lawn) CLENGTH OF STAY IN 16 Baltimore, 21212 d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) A STREET ADDRESS e IS RESIDENCE St. Joseph Hospital 5628 Clearspring Rd NO The NAME OF Middle 4. DATE First Manth DECEASED MARIE E. McCARTHY July (Type or print) DEATH 19 67 S. SEX IF UNDER 1 YEAR IF JNDER 24 HRS 6 COLOR OR RACE 7. MARRIED B DATE OF BIRTH 9. AGE (In years NEVER MARRIED lost birthdov'i Manths DIVORCED 😿 white WIDOWED female 7-25-1899 10b KIND OF BUSINESS OR 1Da USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if refired)

Retired - Cashier Ladies Apparel Baltimore, Maryland COUNTRY? 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Andrew J. Preller Mary Ann Gaff 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, na, or unknown) (If yes give wor or dates af service 214-20-2494 Miss Anna B. Preller (Same No THE CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c))
PART 1 DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH Cirrhosis of the liver. IMMEDIATE CAUSE (o) 5810 DUE TO Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS)
PERFORMED? YES X NO Acute pulmonary edema. 20g ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Hame, form, (City or town) (County) (State) Haur om Nat While at wark factory, street, office bidg , etc) at work 21. I certify that (K (this hospital) attended the deceased fram June 14., 19.67, ta July 6., 19.67, that (K (we) last sow the deceased alive on July 6., 19.67, and that death occurred at 1. AM, from causes and an the date stated above. 220 SIGNATURE 22h DATE SEGNED STAFF PHYS July 6, 1967 M.D. 22d ADDRESS 22c PHYSICIAN'S Reynaldo Orjuela-Gomez NAME (Type) Dr 7620 York Rd., Towson, 21204 23d LOCAT ON (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMAT ON, (Stote) REMOVAL (Specify)
Burial Baltimore. New Cathedral FUNERAL DIRECTOR W. Jenkins 250 REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE & Sons Co. Ochanles Jugas

Balto.12.-Md.

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

iely filled in by the function papers. Pages 1 c, within 72 haurs after d

in any

or remayal.

burial, cremation,

attending physician and sermit. Then please rem

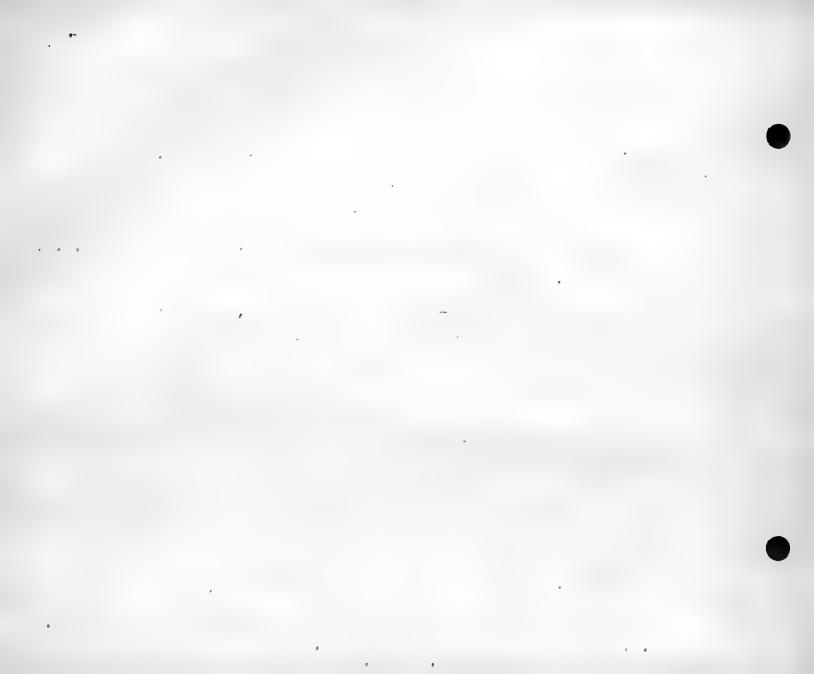
signed by the burial-transit p

has been

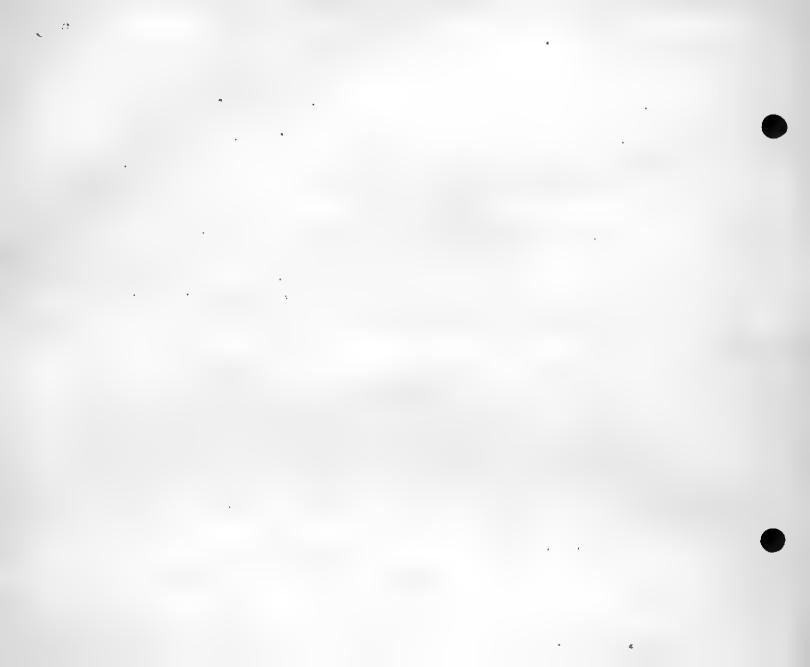
Page 4 may be retained

director, page 3 should be filed

VR A15 (4)



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, I	MARYLAND
	39272 CERTIFICATE OF DEATH	99271
1.	a POLISTY	Residence before admission)
	BALTIMORE MARYLAND 8. STATE b. COUNTY	AltimorE
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
	BAITIMORE BAITIMORE 03.	/
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	8. IS RESIDENCE ON A FARM?
	OTRE DAME INFIRMARY - VILLA JULIA VALLEY ROAD,	YES NO
3.	NAME OF First Middle Last 4. DATE Month DECEASED (Type or print) 5/5/5/R REGINA PATRICE MC ARTHY DEATH JULY	Day Year
5		/5 1967
	I last birthday Months	Days Hours Min.
10	B. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12, C	ITIZEN OF WHAT
du y	ring most of working life, even if retried) INDUSTRY	OUNTRY?
13	FACHER (SISTER) RELIGIOUS PHILAGEIRGIA PR. 1	2,3.//-
	DANIEL MC CARTHY REGINA MC CARTY	
1! (Y	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
Ĺ	NO - 307-40-0584 SISTER MARY MARGARET - V.	1/A JuliA
_	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Concinomatoris	2 years
	DUE TO	V
	Conditions, If any, which (b) (b) (b)	
	cause (a), stating the DUE TO	
증	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
EAT		PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 13 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	3.)
ICAL	factory street office tilde atc.)	unty) (State)
MEDICAL	Hour a.m. While Not While at work at work	
	21. I certify that (!) (this hospital) attended the deceased from gynt, 19 64 to full 15, 19	7, that (!) (we) last
	saw the deceased alive on 19 19 47, and that death occurred at 2 ft M, from the causes and on	the date stated above. DATE SIGNED
	ATTENDING MED. STAFF D. Q.	(11. 1967
	22c. PHYSICIAN'S 22d. ADDRESS /	1 1 1 1
	NAME (Type) 8/06 Harford Ord. B. J.	ti md
23	DEMOVAL (Specify)	ounty) (State)
-	BUDIE! (1019 18 1961) LICHESTER, 1119 (LICHESTER	is signature
2	C 4 11 20 1967 W//m	NA
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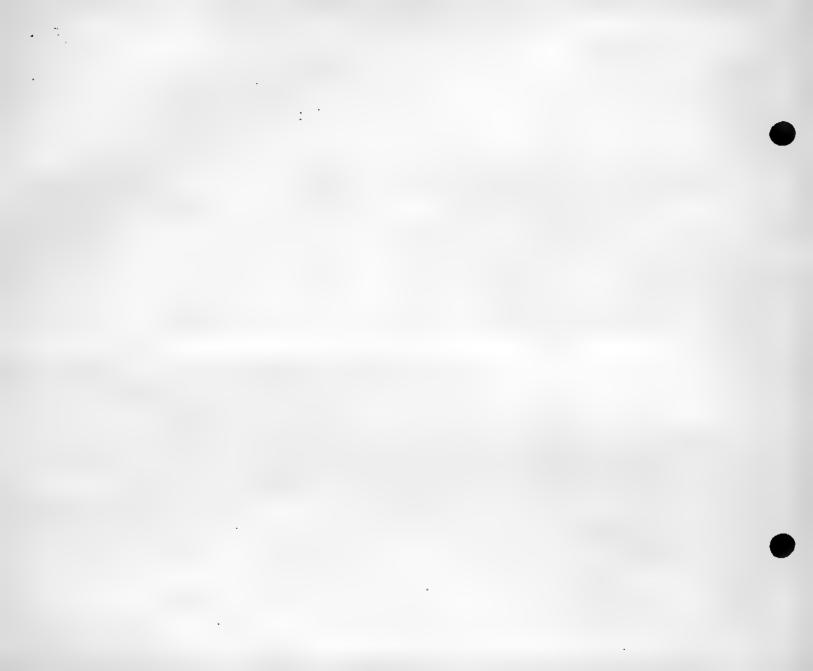
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09272 99273 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. STATE b. COUNTY MARYLAND. b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)

Catonsville C. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) Catonsville d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? 6102 Frederick Rd. 6102 Frederick Rd. YES NO [NAME OF 4. DATE Lost Month Day Year DECEASED Mina McCurley July 18 19 67 (Type or print) DEATH S SEX 6. COLOR OR RACE AGE (In years JE UNDER 1 YEAR | JE LINDER 24 HRS 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH remov lost birthdoy) F Months Cauc. Jan. 29. 1886 WIDOWED DIVORCED 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician o during most of working life, even if refired)
Housewife INDUSTRY COUNTRY? Balto., Md. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremotian, or removal, Late - Otto C. Emrich Caroline Von Der Heide 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (if yes give war or dotes of service 16. SOCIAL SECURITY NO. Margaret Mary McCurley Frederick Rd. - 21228 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Conditions, if any, which gave 3 nse to immediate couse (o), DUE TO stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS ALTOPSY PERFORMED? NO Z 20o ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, 20c. TIME OF N. URY Month, Doy, Year 20d INJURY OCCURRED (Cty or fown) (County) (Stote) While at work Not While of work Hour om factory, street, affice bidg, etc.) 21. I certify that (I) (this hospital) attended the deceased from 5 77 1959, to 7-18-_, 19&Z, that (I) (We) just O HOSPITAL OR ATTENI Poge 4 moy be retained director, page 3 should should be filed with the saw the deceased alive an 7-11- 1967, and that death occurred at 90-M, from causes and on the date stated above. TO FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Wilmerk. Gallagher, Sr. 6209 Frederick Ave. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BUR AL CREMATION, (County) BMOYAL (Specify) New Cathedral Cem. Baltimore. Md. D. - 4101 Edmondson Ave. REC'D BY REGISTRAR VR A15 (4)

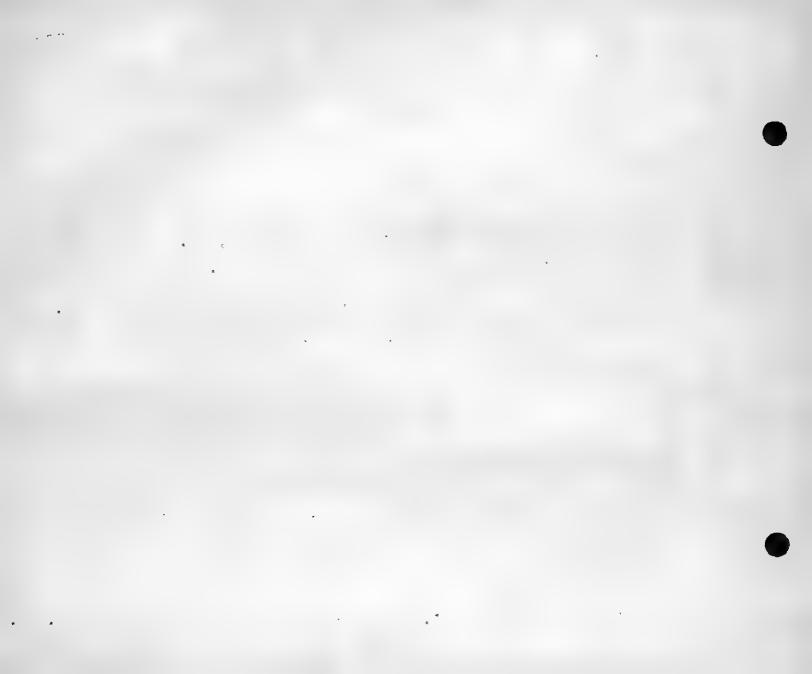


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 69273 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE MARYLAND b CITY OR TOWN (If outside corporate I mits, CLENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town oon papers. Päi within 72 haurs law requires that the death certificate be executed within 24 haurs MONTHS completely filled in by d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address e IS RESIDENCE ON A FARM? HOME YES [NO CORDON 3 NAME OF 4. DATE Middle First Lost Month Dov Year DECEASED OF 1960 (Type or print) DEATH IF JNDER 24 HRS S SEX AGE IF UNDER 6 COLOR OR RACE NEVER MARRIED n years rechove birthdoy Months Dovs Hours WIDOWED DIVORCED 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) and in during most of working ite, even if retired) INDUSTRY the attending physician sit permit. Then please ENGLAND HOUSE WIFE 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME ar remayal. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war ar dates at service cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b) burial-transit ONSET AND, DEATH PART I DEATH WAS CAUSED BY: signed by t IMMEDIATE CAUSE (a) the hospital or attending physician. DHE TO burial. li becum Conditions, if any, which gove rise to immediate cause (a), DUE TO the priar to l stating the underlying cause has been last. SD 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO TO YES O FUNERAL DIRECTOR: After this certificate 0 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING I CAUSE OF DEATH 4 detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg , etc.) Hour a.m. Not While of work at work Page 4 may b retained by 21. I certify that (1) (this haspital) attended the deceased from 12/14 1900 to //31 196/ , that (I) (we) last shauld and that death accurred at 16A saw the deceased alive an M, fram causes and an the date stated above. 22b DATE SIGNED 22o. SIGNATURE **ATTENDING** 7-31-67 DIRECTOR PHYS. M.D PHYS directar, page shauld be filed 22d ADDRESS 22r. PHYSICIAN'S NAME (Type) Cliff Ratliff, Jr., M.D. 4605 Edmondson Avenue, Balto, Md., 21229 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION. FUNERAL DIRECTOR 2Sb VR A15 (4) 20 M 1/66 MCNDSONAN-DATE ALLG

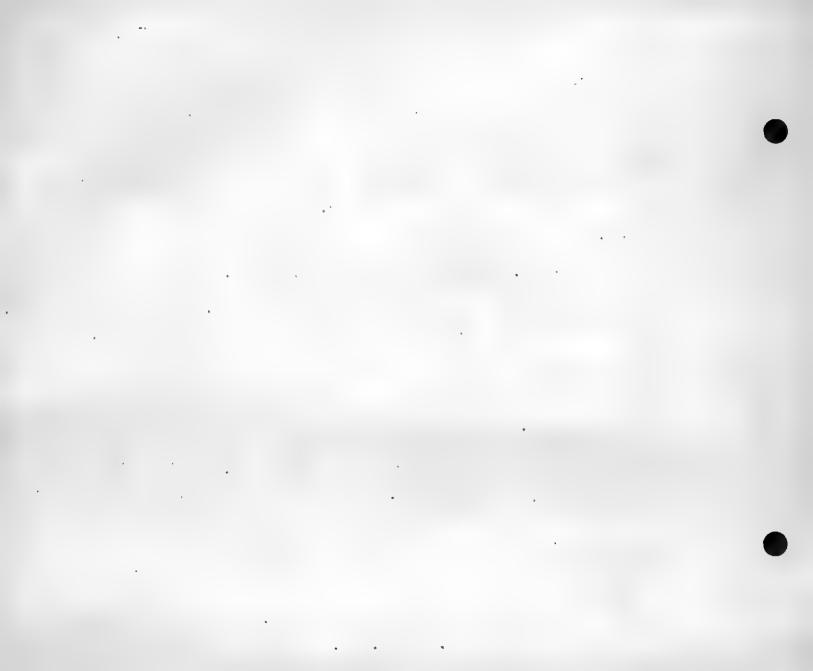
MARYLAND STATE DEPARTMENT OF HEALTH



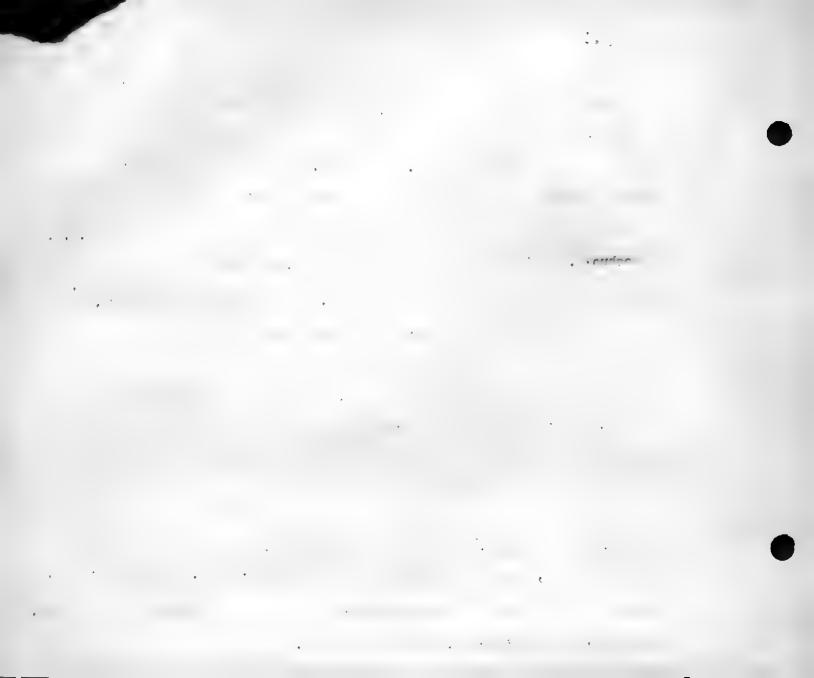
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH つつつつ death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY 124/1 MORE MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If oatside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours completely filled in by ove carbon papers. Par ement, within 72 hours e. IS RESIDENCE ON A FARM? d. STREET ADDRESS No 🗆 YES executed within 3. NAME OF DATE Month Day Year Middle Last DECEASED (Type or print) DEATH 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 80 WIDOWED 🔀 DIVORCED 12, CITIZEN OF WHAT nding physician Then please r removal, and in 10a, USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS DR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) Retired Carpenter Construction Waynesbore that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Hugh McDermitt Mary E. Colo been signed by the attending the burial-transit permit. Their r to burial, cremation, or remo 15. WAS DEGEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SDCIAL SECURITY ND. (Yes, Ao, or unkown) (If yes give war or dates of service) Mrs Anna Stratten No -01-9211 Baltimore Md. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the as the underlying cause last. (c) this certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY be detached for use State Dept. of Health PERFORMBO? YES NO V DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Page 4 may be retained by the TO FUNERAL DIRECTOR. After the director, page 3 should be deshould be filed with the State E factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 19 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at o zelM, from the dauses and on the date stated above. 19 6 Z saw the deceased alive on DATE SIGNED 22b. 22a, SIGNATURE ATTENDING M.D. PHYS. **ADDRESS** 22c. PHYSICIAN'S 3 70Leu NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION. REMOVAL (Specify) Orrtanna. St. Ignatius Cometery Adams Co. REC'D BY REGISTRAP 256. BEGISTRAPS SIGNATURE FUNERAL DIRECTOR VR A15 (4) DATE 15M 4-64



/ 1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	MARTIAND STATE DEPARTMENT OF HEALTH Department of Health Department of Health MEDICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 76 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
F28 855	Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
cessary, e 5 may be Department after death.	write RURAL and give nearest town)
S r S r	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
- Dr 03 ra	North Point Yacht Club 5703 Whitby Road YES NOT
dels St. Por	3. NAME DF First Middle Lest 4. DATE Month Day Year DECEASED
Program	(Type or print) John Gregory Megee DEATH July 1967
ith. If a form of form	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. lest birthday) Months Days Hours Min.
Page Page	Male Will te WIDOWED DEC. 11, 1961 5 yrs.
ive Pa with with and event	during most of working life, even if retired) INDUSTRY COUNTRY?
ours after 18. Give a story a story bages 1 in any	None Baltimore, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ours a a a pag in	James G. Megee Carol L. Kapp
24 ho Office Office and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or welkown) (If yes give war or dates of service)
hin sit in sit i	no none Mr & Mrs James G. Meges 5703 Whithy RD
within ; pencil ir miner's permit.	18. CAUSE OF DEATH (Enter only one cause per-line for (a), (b), and (c).]
uld be executed i "pending" in if Medical Exar a burlal-transit cremation, or i	PART I. DEATH WAS CAUSED BY: UNSET AND DEATH ORDER ORDE
ding ding ical ical tron	DUE TO Conditions, if any, which \
ben Med wurla	gave rise to immediate (
ould and sief	cause (a), stating the DUE IU underlying cause last. (c)
ficate should the word of the Chiel used as a to burlal,	
ficate the o the used to bu	YES NO K
EXAMINER: This certificate should be executed within 24 hours after death. If any delay, the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Pages 1 files. TOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the Stat lesignated agent, prior to burlal, cremation, or removal, and in any event writin 72 hours	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO K PRIMARY (I) of CONTRIBUTING CAUSE WAS PRIMARY (I) of CONTRIBUTING CAUSE OF DEATH. Was autopsy performed? YES NO K PRIMARY (I) of CONTRIBUTING CAUSE WAS CAUSE OF DEATH.
This ward ward hould not, 1	20c. TIME OF INJURY, Month, Day, Year 20d. INJURY DCCURRED 20e. PLAGE OF INJURY (Home, farm, 201/ (City or town) (County) (State)
IER: 1 licate e for d age	Hour some While Not While factory street, officer older, etc.)
EXAMINEE Certificate Certifica	21. I certify that I took charge of the remains described above held an Autopsy . Inspection . Inquiry . and In my opinion
EXA hour les.	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
4 7 3 3	CHIEF MEDICAL EXAMINER
무리됐는 모두	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
= 9 L D _ 0	EXAMINER'S M-B, D) AVIS - MD - CBCARGOES SUBJECT OF JONEY LOT - Duly
O DEPUTY please ex director, retained fo O FUNERAL OF	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
可写音音	Burial (/0/0/ Holy Redeemer Cem. Baltimore Maryland
(1)	24. FUNERAL DIRECTOR ADDRESS 254. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AISME (5)	Henry Sander & Sons inc. Balto. MD. DATE JUL 6 1967 Mcliarles Judge



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09278 CERTIFICATE OF DEATH INAME OF DECEASE anti 2. DATE AND HOUR OF DEATH hours after death ype or Pnnt) PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) Baltimore County B. COUNTY MARYZA FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR outside city limits, wate RURAL and give township) \subseteq popers. LAINE BALTO (If rurol, give location) The law requires that the death certificate be executed with sarbon etely SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) ost birthday Months: Doys Hours . gve 9 10A, USUAL OCCUPATION (Give kind of work TOR KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Hのいどのいたと 12. CITIZEN OF WHAT COUNTRY? HOUSEU physician (nen please JU.S.A. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Agejus Vakselis Stefanie attending p 15. Was Deceased Ever in U. S. Anned Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or doles of service) permit. SECURITY NO. CHIZ 214-30-6006 the 18. signed by the INTERVAL BETWEEN TUMOR ONSET AND DEATH DISEASE OR CONDITION DIRECTLY physician LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. Il means the disease, injury or camplication which caused death.) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page I may be retained by the haspital or attending the. has bmn ANTECEDENT CAUSES S DISEASES OR CONDITIONS, if any, giving for use rise to the above cause (A) stating the this certificate UNDERLYING CONDITION Jost detached OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. After 22. I certify that (1) (this hospital) attended the deceased from Į, that (I) (we) last sow the deceased alive on ... shomld and that in (my) (our) aplaion death accurred on the date DIMICTOR: and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE S director, page M.D. Attending (E Med. Phys. Director LUMRAL 23D. ADDRESS 0 24A, BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) (Stole) VR A15 (4) 7-7-67 Loudon Park Cemetery Chemation Baltimore, Maryland 25C. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard, 4107 Wilkens Ave.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301, W PRESTON STREET, BALTIMORE, MARYLAND 21201 09279 CERTIFICATE OF DEATH 99280 requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o STATE b. COUNTY Baltimore MARYLAND Maryland Baltimore b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 2 vrs. Catonsville Catonsville d STREET ADDRESS 101 Woodlawn Ave. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) B IS RESIDENCE ON A FARM? 16/Fristing/Ave. YES NO S 16 Fusting Ave. NAME OF 4. DATE Dav Year remove carba DECEASED (Type or print) SARA CONWAY MILLER IF UNDER 1 YEAR | IF UNDER 24 HRS Female 6. COLOR OR RACE 1 7. MARRIED 8 DATE OF BIRTH AGE (In years **NEVER MARRIED** lost birthdov) Months WIDOWED DIVORCED March 24, 1891 10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? U.S.A. Housewife Anne Arundel, Md. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or removal, LIZZIE GRAY ADAMS CHARLES COOK CONWAY IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war or dates of service) 215-10-3311 Alice Kanley 104 Woodlawn Ave. Balto. 21228 NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART 1 DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH signed by the burial-transit p IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying couse as the 19 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) PERFORMED? NO. 6 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e PLACE OF INJURY (Home, form (City or town) (Stote) 20d INJURY OCCURRED (County) **DIRECTOR:** After this 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Nat While at wark 21. I certify that (1) (this hospital) attended the deceased from May 24, 19. saw the deceased alive an Share 27 1967, and that death accurred at 1 M. Ham causes and on the date stated above 220 SIGNATURE 225 DATE SIGNED ATTENDING PHYS DIRECTOR M.D 22d ADDRESS FUNERAL 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 2 7/6/67 Baltimore Md. Burial Greenmount 25h, REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 250. REC'D, BY REGISTRAR VR A15 (4) Wm. Cook-Brooks, Inc. 1217 St. Paul St. DATE

. 3 دد . Ac

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY Baltimore **b.** COUNTY MARYLAND CITY OF TOWN U c. CITY OR TOWN (If outside carporale limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Nanna Baltimore d STREET ADDRESS ON A FARM? 4913 Denmore Ave. YES TO NO T NAME OF DATE Middle DECEASED (Type or print) Theresa Anne Minke DEATH July 19 67 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE |In yours IF UNDER TYEAR IF UNDER 24 HRS Months Hours WIDOWED T June 29. 1948 DIVORCED [7] Female Cau. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Balto. City Baltimore, Md. Clerk-typist 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Minko Mary Ann Gregory 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT No John Minko, 4913 Denmore Ave. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ROW NING IMMEDIATE CAUSE (o) 71. 10 **DUE TO** Conditions, if ony, which] gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0):19. WAS AUTOPS PERFORMED? 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. SCHIBE HOW INJURY OFCURRED (Exter nature of wary in Part I or Part II of item #8. 20d MIURY OCCURRED 20e PLAGE OF INJURY (Home, form, Month, Day, Yearat work Tot work 21. I certify that I took charge of the remains described above, held on Autopsy [7]/ Inspection Inquiry [] ond in my opinion death resulted from: Natural couses , Accident ... Suicide . Homicide . Undetermined monner CHIEF MEDICAL EXAMINER Melvin B. Davis. M.D. ASSISTANT MEDICAL EXAMINER EXAMINER'S BRUTY MEDICAL STAMINER 6800 Mornington Rd. NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Cathedral Cemetery Baltimore, Md. Burial ADDRESS 23 EUNERAL DIRECTOR'S SIGNATURE 240. REGIDIAY REGISTRAR 246. REGISTRAR'S SIGNATURE 4611 Park Heights Ave. Balto. 5M 2757



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09281 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) BALTIMORE o. STATE Maryland b county Baltimore burial-transit permit. File pages I and 2 with the State Department of MARY, AND b CIY DR IDWN (If autside carparate mits, c C TY DR TOWN (If outside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 write RURAL and give nearest town) 1 Year Baltimore - Dundalk BALTIMORE d NAME DF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? please executing the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm 1803 Homberg AVenue 1803 Homberg Avenue YES NO SE 21221 This certificate shauld be executed within 24 haurs after death NAME OF DATE Middle Day DECEASED (Type or print) 100, 11, 1 DORSEY MITCHELL DEATH 19 67 s sex 9 AGE (In years last b rthday) IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED B DATE OF BIRTH IF UNDER 24 HRS NEVER MARRIED geath Manths 9/24/38 WIDOWED DIVDRCED Måle White 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHP, ACE (State or fare on country) 12 CITIZEN OF WHAT Bethlehem Steel Co. during most of warking life, even if retired)
Hot Strip Mill U. S. A. in any event within 72 haurs after West Virginia 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME H. Louis Mitchell Ethel Wilson 1/ INFORMANT(Sister) Balto Ads 21201 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO (Yes, no, or unknown) (f yes give war ar dates of service) Yes 212-36-2749 Mrs. Garnette Logan, 863 N. Howard St. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cerebrocranial injuries IMMEDIATE CAUSE (a) . DUE TO Canditions, if any, which gave Multiple impacts to head rise to immediate cause (a), **DUF TO** stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM MAL DISEASE CONDITION GIVEN IN PART 1(a) crematian, ar remaval, 19 WAS AUTOPS PERFORMED? CERTIFICATION YES X NO [20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of micry in Part I or Part II of tem 18.) 3 shauld CALSE OF DEATH Struck multiple times with an axe 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or fown) (State) 20c. TIME OF INJURY Month, Doy, Year Nat While factory, street, affice bldg., etc.) FUNIRAL DIRECTOR: Page While at wark 1967 Baltimore | Balto. Home 21. I certify that I taak charge of the remains described above, held an Autopsy [X]. Inspection Inquiry I, and in my apinian death resulted_fram: Natural couses 4 Accident Suicide . Hamicide X Undetermined manner funeral directar. CHIEF MEDICAL EXAMINER priar ta ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER XX SIGNATURE DEPUTY MEDICAL EXAMINER 7-6-67 **EXAMINER'S** FUNITE Health CHARLES S. SPRINGATE, M.D. Address (Street, city, town, or county) NAME (Type) 23a BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 7/10/67 Balto. Nat'l. Cemetery KANDANT SELLY) Baltimore, Maryland 25b REGISTRAR S SIGNATURE 25a REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) DATE JUL 11 1987 John J. Duda, 7922 Wise Ave. Dundalk, Md. VCharley 6M 1/67



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) . COUNTY a. STATE **b.** COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporets limits, write RURAL and give nearest town) write RURAL and give nearest town) d. STREET ADDRESS TOWSON

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) Pages executed within filled i IS RESIDENCE hours ON A FARM? YES NO papers. n 72 hox completely Stella Maris Hospice Middla DECEASED (Type or print) DEATH Dorothy Katherine Moeller within 19 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS attending physician and last birthday) Months WIDOWED X DIVORCED certificate please removerand in any ever 10a, USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired home Baltimore. Md USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peter Unkelbach Dora Ulrich Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address requires that the removal (Yes, no, or unkown) | (If yes give wer or dates of service) attending physician, as been signed by the 220-46-0763 Hospice records permit. 18. CAUSE OF DEATH |Enter only one cause per line (6) (a) (b), end (c). INTERVAL BETWEEN ONSET AND DEATH 6 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, **burial-transit** DUE TO Conditions, if env. which gave rise to immediate cause **DUE TO** (a), steting the underlying couse lest. the hospital or a (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY CERTIFICATION US& as 0 PERFORMED? prior NO T 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter neture of injury in Pert I or Pert II of item 18.) for (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s, PLACE OF INJURY (Home, farm, 20f. [City or town] (County) (State) fectory, street, office bldg., etc.) While Not While to at work | at work may be refair DIRECTOR: 21 1 certify that (I) (this hospital) attended the deceased from 9/11/59......., 19....., to 7/31/67....., 19...., that (I) (we) last, and that death occurred at 0:09 Popm the causes and on the date stated above. saw the deceased alive on....?!19 220. SIGNATURE ATTENDING MED SIGNED death. Page 4 O FUNERAL director, page 3 be filed with the DIRECTOR PHYS. PHYS. HOSPITAL 22c, PHYSICIAN'S 22d. ADDRESS NAME (Type) 204 E. Joppa Rd. Towson Robert Mahon. M.D. 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Holy Redeemer Baltimore Maryland Burial Leonard J. Ruck Inc. 5305 Harford Rd. 21214 VR A15 (4) 20M S-63

AND STATE DEPARTMENT OF HEALTH

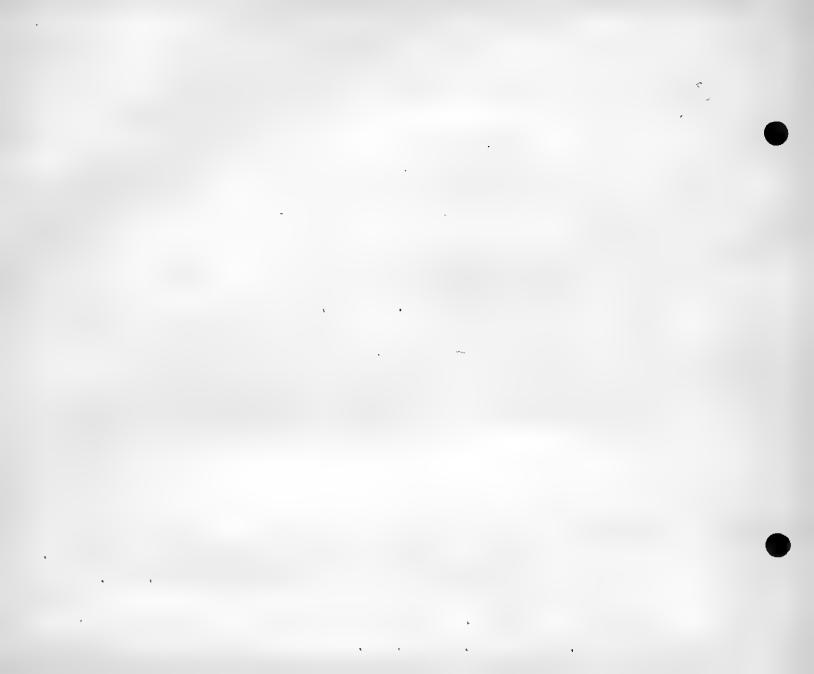


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- Can		00284 CERTIFICATE OF DEATH	09283
	s after death. the funeral rigges and 2 for all a death.	1 PLACE OF DEATH a. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL on RUR	Balto. City
	ecuted within 24 hours after deat ampletely filled in by the funeral avertarban papers. Pages and event, within 72 hours after deat	d. NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street oddress) A Later Baltimore med. Centlets 5601 Flewburyfull 3 NAME OF DECEASED (Type or print) Printing Middle Monthinger DEATH To the printing of DEATH To the printing of DEATH Th	e IS RESIDENCE ON A FARM? YES NO Doy Pear 2 9 19 6 7
	ficate be executed ysician and compared to please remayered all, and in only even	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years left) 10 - 18 - 01 9. AGE (In years left) Married Divorced 10 - 18 - 01	INDER I YEAR IF UNDER 24 HRS 11ths Doys Hours Min. 12 CITIZEN OF WHAT COUNTRY?
	requires that the death certificate be executed within 24 hours after death, a physician. I signed by the attending physician and the petal filled in by the funeral burial-transit permit. Then please remaye carban papers. Pages and 2 burial, cremation, ar remayal, and in bay event, within 72 hours attendenth	Stender Monderger 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or yaknowin) (If yes give war or dotes of service) 3/6-32-9263 Datuent o Chart. 18 CAUSE OF DEATH (Enter only one couse per me for (o), (b), and (c)) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	INTERVAL BETWEEN OWSET AND DEATH
	e law requires that the tanding physician. Its been signed by the as the burial-transit priar ta burial, cremat	Conditions, if ony, which gove is to immediate couse (a), storing the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR. ITING TO DEATH RUIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED?
	G PHYSICIAN: The law rethe hospital ar attending this certificate has been detached for use as the ite Dept. af Health priar ta	200 ACCIDENT WAS JNDERLYING OR CONTRIBUTING OCCURRED. (Enter noture of injury in Part I or Part II of Item IB.) OR CONTRIBUTING OCCURRED. (Enter noture of injury in Part I or Part II of Item IB.)	YES NO
	Page 4 may be retained by the hospital ar attending To FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 20d INJURY OCCURRED of INJURY (Home, form, foctory, street, office bldg., etc.) 21 1 certify that (I) (this haspital) attended the deceased fram 120 , 1907, ta 7/29, saw the deceased alive on 7/29 1962, and that death accurred at 10 PM, fram causes and 220 SIGNATURE	(County) (State) 19.67, that (I) (we) last on the date stated above. 2b. DATE SIGNED
	Page 4 may be re ro FUNERAL DIRECTOR, page 3 should be filed with	Tarviz Navide M.D. ATTENDING MED. DIRECTOR STAFF PHYS 22c. PHYSICIAN'S NAME (Type) PHYS DIRECTOR DIREC	7/29/67 (County) (State)
	O O O VR A15 (4) 25M 1/67	24 FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 256 REGISTRA	Haryland. ARS SIGNATURE Clarker Ynoge

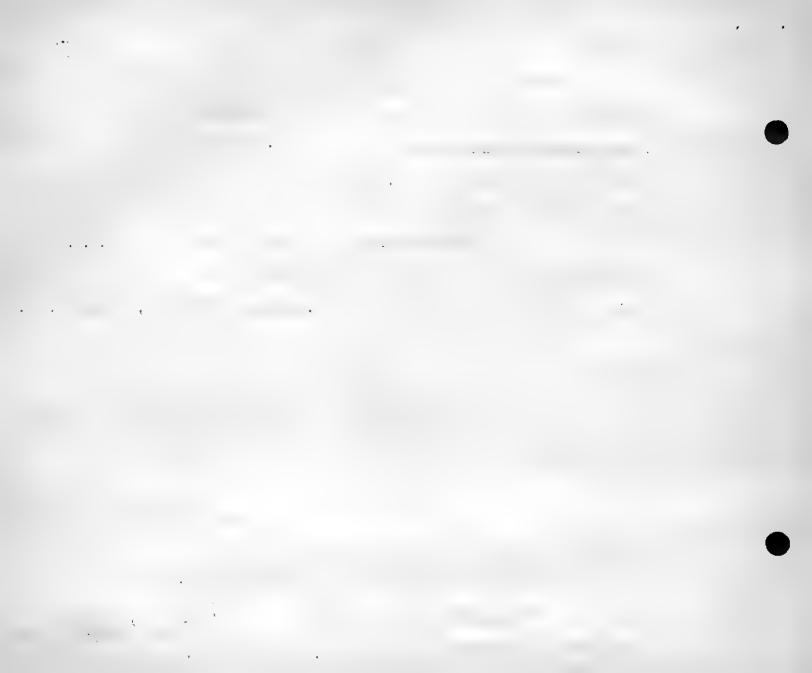


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09284 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deal o COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 15 outside corporate limits, write RURAL and give nearest town) Filed in by the papers Paging 72 haurs of write RURAL and give nearest town) days 21204 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? filled YES NO DC completely from to to the complete of the comp DATE Уеаг Day DECEASED OF DEATH (Type or print) **NEVER MARRIED** UNDER 24 HRS remove birthday) Months Hauss WIDOWED DIVORCED and 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY tland 13. FATHER S NAME cremation, or removal Robert Stevenson Janet 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, pr,unknown) (If yes give wor or dates of service Same 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the ONSET AND DEATH concestive IMMEDIATE CAUSE (o) burnal, Conditions, if ony, which gove nse ta immediate cause (o), r this certificate has been so detached far use as the bote Dept. of Health priar to b DUE TO stating the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS' PERFORMED? CERTIFICATION NO F 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter notuse of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour 'o.m. Not While foctory, street, office bldg., etc.) at work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from 34 16 27 , 1967, to 341 1 6 , 1947 that (1) (we) last director, page 3 shauld should be filed with the saw the deceased alive an Juliu 19. 7, and that death accurred at $\frac{3}{2}$ $\frac{25}{M}$, from couses and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED MED DIRECTOR M.D PHYS 228 ADDRESS greater Balto. Med. NAME (Type) 23o. BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Baltimore. greenmount rematoru remation 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 21214

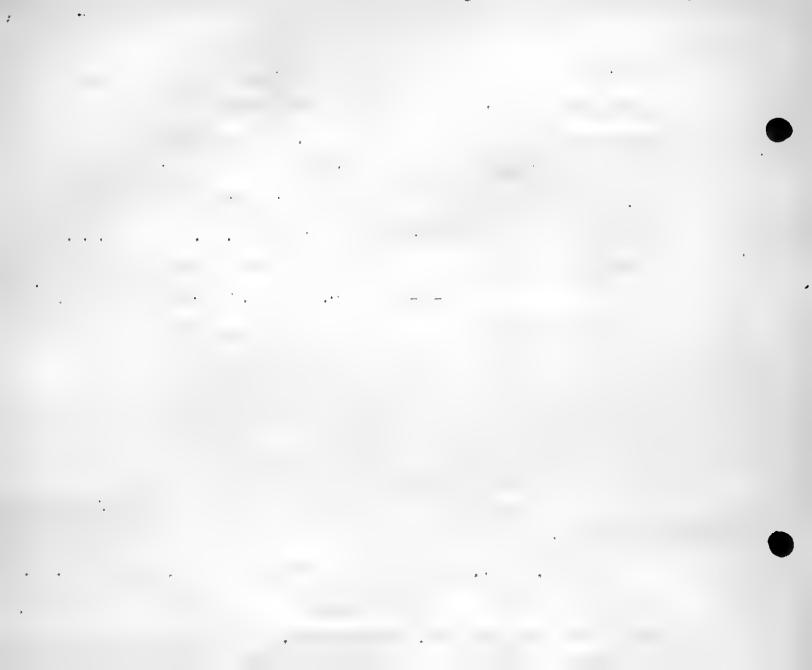
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 09285 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The taw requires that the death certificate be executed within 24 haurs after death I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, functitution, Residence before admission) a. COUNTY o. STATE b. COUNTY BALTIMORE MARYTAND MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If guitside corporate timits, write RURAL and give negrest town) FORT HOWARD 37 DAYS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 1640 N. FULTON AVENUE VETERANS ADMINISTRATION HOSPITAL NO [NAME OF pan Middle 4 DATE First Manth Dov Year DECEASED LAWRENCE E. NAPPER (Type or print) DEATH JULY 19 67 S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 7 MARRIED **NEVER MARRIED** DATE OF BIRTH birthdoy) Months Hours 2/6/23 MALE NEGRO WIDOWED DIVORCED and in any gug 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? ALEXANDRIA, VIRGINIA CAB DRIVER COMPANY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, RICHARD NAPPER ANNA MN: CHASE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war ar dates af service) 28 21 25 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD YES crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying cause last 19. WAS ALTOPS'
PERFORMED?
YES K NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20o ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) Page 4 may be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Day, Year (C*y or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While at wark at wark 2]. I certify that (* (this hospital) attended the deceased from 6/10/67 7/17/67 , 19 , that \$1) (we) las and that death accurred at 10:15 PM from causes and on the date stated above DIRECTOR: saw the deceased alive an 17/67 22o. SIGNATURE 27b DATE S.GNED 67 **ATTENDING** MED. DIRECTOR director, ¶∎ge 3 shauld be filed v M.D. PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS FUNERAL NAME (Type) VAH FORT HOWARD, MARYLAND N 23c NAME OF CEMETERY OR CREMATORY BUR-AL, CREMATION, 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) ALEXANDRIA. SNOWDEN CEMETHERY VIRGINIA 9 2So. REC'D B) FRANKTIN ST



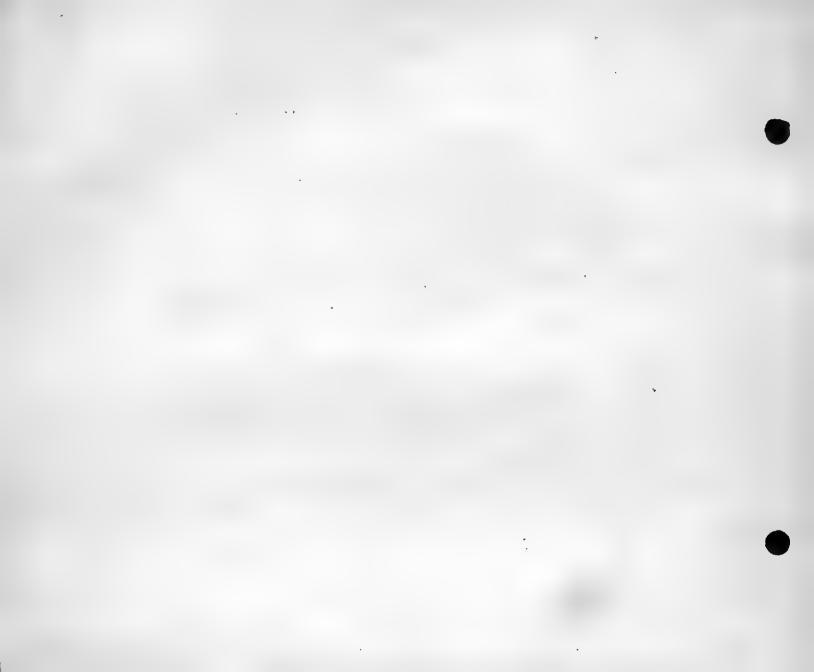
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND. CERTIFICATE OF DEATH 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY imore b. COUNTY Baltimore MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Randallstown Randallstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 3429 Chapman Road 3429 Charman Road NO YES executed within 3. NAME OF DECEASED First Middia Last DATE Month Year Day OF DEATH Joseph Nickoles July 1967 (Type or print) 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. 7. MARRIED IN NEVER MARRIED Months Davs Mala white March 25. WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? law requires that the death certificate be self employed Carroll Co. Md. U.S.A. Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Nickoles Margaret Laughterbaugh 3429 Chapman Rd. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) ((If yes give war or dates of service) Mrs. Bessie M. Nickoles Randallstown, Md signed by the att purial-transit permi burial, cremation, o 21.5-32-1900 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN real Infarction ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) the burial, c DUE TO Conditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. 8 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? YES NO L 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While Not While at work at work p.m. 0 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. page a STAFF M.D. DIRECTOR FUNERAL PHYSICIAN'S director, p NAME (Type) John J. Darrell berty Road, Randallstown. Page 4 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF PEMOVAL (Specify) 2 7/10/67 Lakeview Memorial Liberty Rd, Carroll Co. Md. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 8728 Liberty Rd. Randallstown Md har VR #15 (4) 20M 1/65



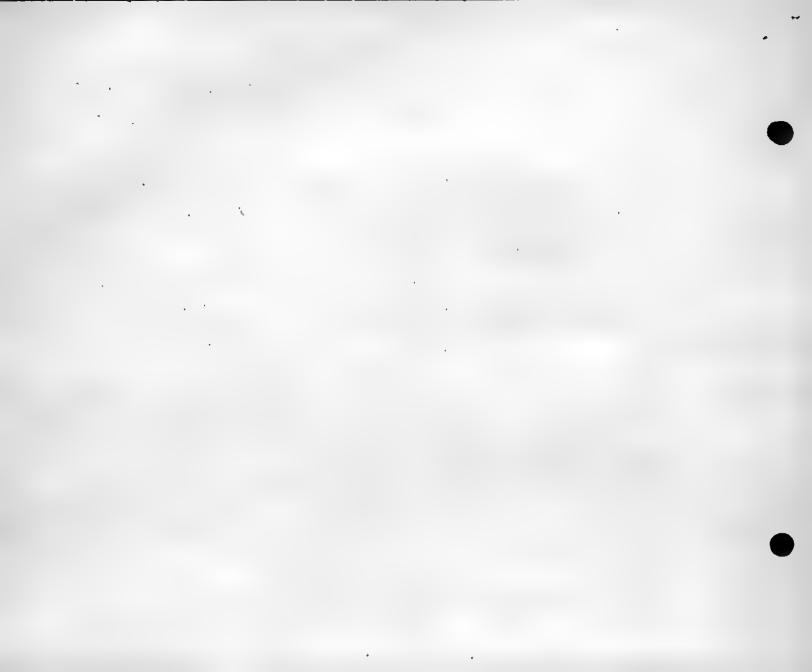
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- JVJ		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM CERTIFICATE OF DEATH	1113 (11)
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funeral		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, H 6. STATE 6. COUNTY	institution: Residence before admission)
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dead dead		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	RURAL and give nearest town)
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pletely appers.	٠ <u>.</u>	NAME OF First Middle Lest 4. DATE Month	
		DECEASED V NIGHTINGALE DEATH IT	sey 4, 1969
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years)	Months Days Hours Min.
1 d 🚉		MALE WHATE WIDOWED DIVORCED MAY 31, 1891 The you	
move y ever	10a do	USUAL OCCUPATION (Give kind of work look and of work led during most of working life, even if refired)	12. CITIZEN OF WHAT COUNTRY?
any any	13	FATHER'S NAME INANAGER WOOD FLOORING PHILADELPHIA, TA.	0,5,A.
d in		Towns News	
d ug Te J	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address	
H P	[Ye	No or unknown) (Ifyes give we rar detes of service) 160 - 07 - 63818ma L. NIEUTINEALE, SAI	WE VZ VBORE
in the second	آ -	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
5 5 5 5		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (*) Cardiae Cardiae	Succes
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me J		gave rise to immediate cause (b)	Codan y were
<u>ia</u>		(e), stating the underlying DUE TO CARLOLLE CARROLLE CARR	NE 4 month
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prid	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. [Enter neture of injury in Part I or Part II of Itam 18.]	
<u> </u>	1 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	MA No.
	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, Hour e.m., While Not While fectory, street, office bldg., etc.)	(County) (State)
 	₩.	p.m. 19 al work et work	4062 1 1 10 1 2 1 1
		21. I certify that (I) (this hospital) attended the deceased from	and on the date stated above.
Zie		22a. SIGNATURE	22b. DATE
the State		M.D ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	Delle, 4. 1967
with the state of		22c. PHYSICIAN'S NAME (Type)	S. II. had
filed v	_	J. J. LIU M.D. 3301 1747-011 NA.	Sallianne Ma.
director, p	231	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, to	
11		PONERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 1250. REC'D BY REGISTRAR 250. REC'D BY REGISTRAR 250. REC'D BY	GISTRAR'S SIGNATURE
A15 (4)	24	Cla 9t Harling DELTA P. BAJUL 6 1967 &	Charles Judge.
K	I	Joseph Line Line Line Line Line Line Line Line	



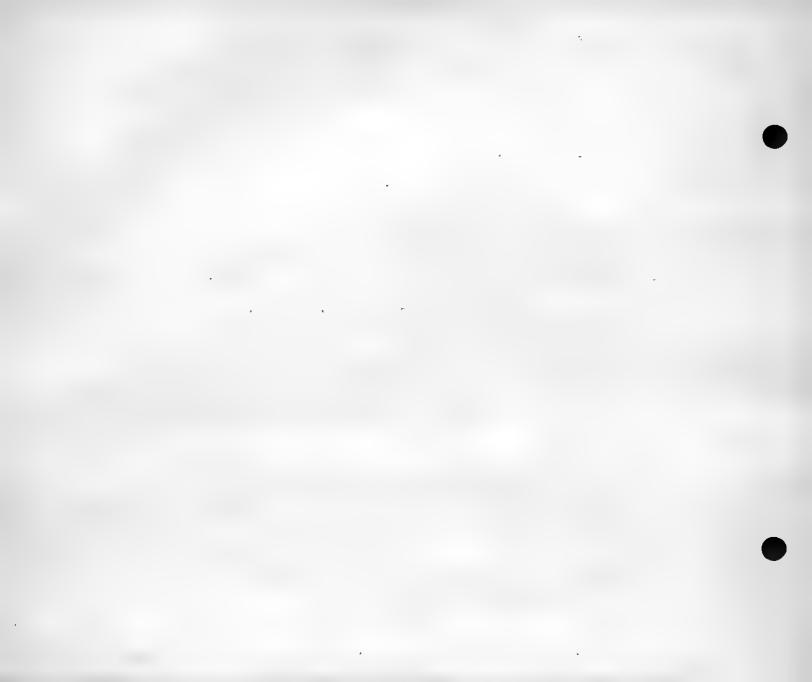
1		MARYLAND STATE DEPARTMENT OF HEALTH
**		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OPEN STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OPEN STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OPEN STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OPEN STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OPEN STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OPEN STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OPEN STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OPEN STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OPEN STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OPEN STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OPEN STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OPEN STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OPEN STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OPEN STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OPEN STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND RECORDS, 301 W. PRESTON STREET,
funeral funeral and 2 death.	1.	PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY D. COU
after after	_	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
24 hours filled in a apers. Pa n 72 hours	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS
- a =		70×/Eigh Nursing Home 1333 Dillon Hg/s, AUE VES NO□
ompletely carbon vent, with	3.	NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
	5.	Type of print) SEO GE DEATH 24 19 67 SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS.
S S S		m WIDOWED DIVORCED 7-12-80 87 yrs. Months Oays Hours Min.
sician lease r and in	10a dur	a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
certificate be e nding physician : Then please r removal, and In	13,	Printer Retired XXXXXXI New York U.S.N.
certificate nding phys . Then ple removal, a		Jacob Nunnold Josephine Messner
ath certi attending irmit. Th n, or rem	15 (Yo	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEGURITY NO. 17. INFORMANT Address es, no, or unknown) (If yes give war or dates of service)
death c the atten it permit.		No J9-65-7/80 Mrs. Thelma B. Arold, 1560 Lister Rd. 21227 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1
th th	П	PART I. DEATH WAS CAUSED BY: Gram Negative Septicemia (G.U.) ONSET AND DEATH USE CAUSE (a)
The law requires that the or attending physician, ate has been signed by use as the burial-trans with prior to burial, crement		DUE TO
guires g phy en sig e buri		gave rise to immediate (b) DUE TO
ttending p ttending p has been as the bu prior to bu		underlying cause last. (c)
or atten or atten ate has use as alth pric	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	TIFIC,	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.)
조후 성당은		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
NG PHY by the ter this be deta state De	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While factory, street, office bldg., etc.) (City or town) (County) (State)
	×	21. I certify that (I) this hospital) attended the deceased from 7 19 19 7 to 7-24 19 7, that (II) two last
ATTENDIN retained b ECTOR: Aft 3 should b with the St		saw the deceased alive on 7-24 19 57 and that death occurred at 7345 PM, from the causes and on the date stated above.
OR A DIREC Ge 3 led wi		228. SIGNATURE M.D. ATTENDING MED. STAFF 7-2467
# 6		22c. PHYSICIAN'S NAME (Type) David I Miller Liuson Rd Cwing Miller Miller
Page 4 m To Funeral director, should be	238	a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town) or county) (State)
F F "N	24	Burial 7/27/67 New Cathedral Cemetery Baltimore Md.
VR A15 (4)		Howard H. Hubbard, 4107 Wilkens Ave. 21229 DATE JUL 27 1987 yourses Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 9289 CERTIFICATE OF DEATH 39290 law requires that the death certificate be executed within 24 haurs after death." funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o STATE b. COUNTY Baltimore County MARYLAND filled in by the fundamental pages. I support the fundamental pages. b CITY OR TOWN (If outside carparate I mits, C LENGTH OF STAY IN 1b CITY OR TOWN (If outside corparate limits, write RURAL and give neorest town) write RURAL and give nearest town) Wilson Mount d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? Mount Wilson State Hospita YES NO IZ NAME OF carbain DATE Middle Lost Dov Year completely **DECEASED** OF Ju. Fannie Type or print DEATH 19 4 S. SEX IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE AGE (In years e remove o 7 MARRIED NEVER MARRIED fost pirthday) Months Dovs Hours X WIDOWED DIVORCED the attending physician and sit permit. Then please rem 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even the red) INDUSTRY COUNTRY? HOUSEWIFF HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI crematian, or removal, 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service) Mount Wilson State Hospita Records. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? USB NO YES . for 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (I) (this hospital) attended the deceosed from ro Hospital or Attend Page 4 may be retained 19 6 7, and that death occurred of 10 59M, from causes and on the date stated above saw the deceased alive on_ 22a. SIGNATURE 22b. DATE SIGNED women M.D. PHYS DIRECTOR PHYS. directar, page shauld be filed 22d. ADDRESS 22c PHYSICIAN'S Mount Wilson Superintendent Maryland 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Baltimore. Maryland 7/23/67 Mikro Kodesh Beth Israel Burià BY REGISTRAR REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR 2Sq. VR A15 (4) Sol Levinson & Bros. Inc., 6010 Reist., Rd. 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09298 09291 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Maryland Baltimore 24 hours after MARYLAND b (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Baltimore Baltimore .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 125 Waelchli Ave. 21227 125 Waelchli Ave. 21227 YES NO 2 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within NAME OF Middle 4. DATE pletely Year DECEASED O'Loughlin (Type or print) William E. DEATH July 1967 SEX IF UNDER 1 YEAR LIF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED 🖈 8. DATE OF BIRTH 9, AGE (In years **NEVER MARRIED** lost birthday) Manths Days Hours Male WIDOWED DIVORCED 8/9/87 79 White 10o JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Retired Maryland USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. Peter F. O'Loughlin Annie E. Gisell attending paramit. The IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give wor or dates of service) 212-10-6391 Mrs. Edith E. O'Loughlin, 125 Waelchli Ave INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c)? ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ģ DUE TO signed Conditions, if ony, which gove : rise ta îmmediate cause (a), DUE TO Scare stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES 📄 this certificate 20g ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc TIME OF INJURY Manth, Day, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Hame, form, (City or town) ((ounty) (Stote) Hour om foctory, street, affice bldg, etc.) Not While at work **DIRECTOR:** After at work L 21. I certify that (1) (this haspital) attended the deceased from ______ M, from causes and on the date stated above sow the deceased olive an and that deoth occurred of 220 SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 shauld be filed v DIRECTOR 22c. PHYSICIAN' TO FUNERAL NAME (Type James N. Frederick 1311 Francis Ave. CI2-5200 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial 7/12/67 Cedar Hill Cemetery Md Baltimore REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Howard H. Hubbard, 4107 Wilkens Ave. 21229



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. STATE h COUNTY MARYLAND C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) requires that the death certificate be executed within 24 hours physician and campletely filled in by d. STREET ADDRESS (If not in haspital, give street address) IS RESIDENCE ON A FARM? NO X NAME OF Carban Middle DATE First Lost Month Day Year DECEASED (Type or print) DEATH 19 S. SEX DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED AGE (In years IF JNDER 1 YEAR IF UNDER 24 HR NEVER MARRIED remon lest birthdov) Months Hours WIDOWED DIVORCED 10o US. AL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, eyen if retired) COUNTRY? INDUSTRY BALTIMORE, MD. HOUSE WORK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending phy 15 WAS DECEASED EVER IN J S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause as the I attending this certificate has been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIB TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 2011 YES the haspital ar 200 ACCIDENT WAS JNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH af (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e, PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While Page 4 may be retained by 21. I certify that (1) (this hospital) attended the deceased fram. shauld O FUNERAL DIRECTOR: and that death occurred at 6.93 M, from causes and on the date stated above. saw the deceased alive an 220 SIGNATURE director, page 3 shauld be filed v M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN S NAME (Type DATE THEREO 23c NAME OF CEMETERY OR CREMATOR) LOCATION (City or Town) BURIAL, CREMATION LAWN CEM, EASTERN 6224 EASTERN AVE VR A15 (4) 20 M 1/66 DATE



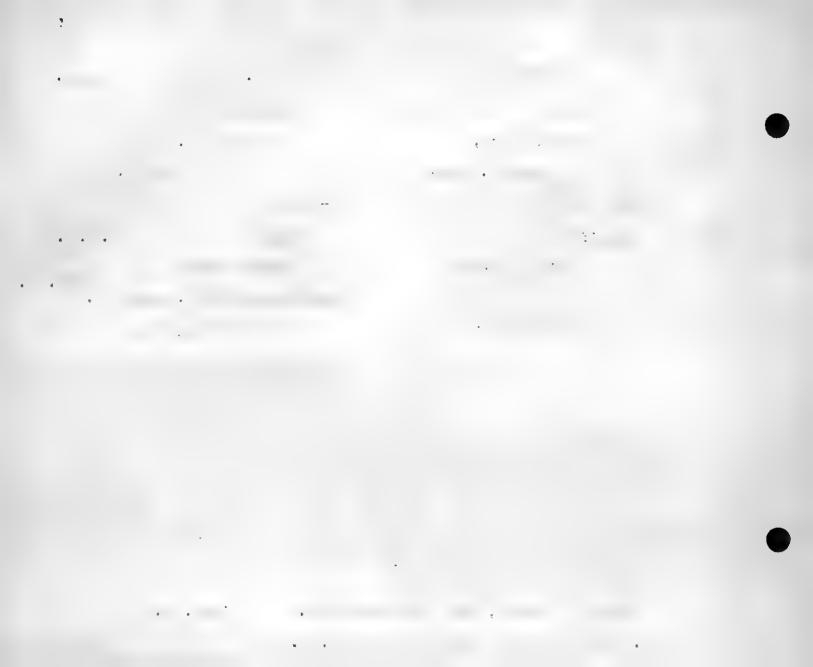
1	tem 20 Film 391 8-4-67 AMARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		09292
HEALTH DEPT.	PLACE OF DEATH O. COUNTY Baltimore MARYLAND 2 USUAL RESIDENCE (Where deceased lived, if institution: Reside o. STATE Maryland b. COUNTY Baltimore)	ence before admission)
PM3. and	b. CITY OR TOWN (If outside corporate limits, write RURAL and give reports town) (20) C. CITY OR TOWN (If outside corporate limits, write RURAL and give reports town) (20) Essex (21)	1
3 44	d NAME OF HOSPITAL OR NSTITUTION (If not in hospito give street address) Martin's Lagoon 1400 Nicholay Way	ON A FARM? YES NO.
haurs after dea tem 18. Give Po Office along with and 2 with the Sr	3 NAME OF DECEASED (Type or print) 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B JATE IN BIRTH 9 AGE (In years lost birthday) 15 Whate Whate Whate 10b KIND OF BUSINESS OR 1 BIRTHPLACE (Stote or foreign country) 10b LSJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1 BIRTHPLACE (Stote or foreign country) 2 Country 10b LSTRY	Doy Year 19 67 R 1 YEAR IF UNDER 24 HRS Doys Hours Min CITIZEN OF WHAT OUNTRY?
xecuted with ading" in pen Medical Exami Permit. File p	Paul Omregeik, Sr. 5 WAS DECEASED EYER IN U.5 ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) No. Rebecca Nichols Address Rebecca Ouregeik Same	
INER: This certificate should be executed within 24 hours in certificate, writing the ward "pending" in pencil in Item 18 should be forwarded to the Chief Medical Examiner's Office of files. 3 should be used as a burial-transit permit. File pages land 2 vitan, or remayal, and in any event within 72 hours after death	IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b) ond (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause (c) Indicate the immediate cause (o), stating the underlying cause (c) (c)	INTERVAL BETWEEN ONSET AND DEATH
n s certific ate, writin te farward be used a emaval, an	PART II OTHER S GNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D SEASE COND T ON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
LEXAMINER: ecute the certification of the certifica	200. EXTERNAL CAUSE WAS PRIMARY SO OF CONTRIBUTING CAUSE OF DEATH	for help County) (Stote) Balto Md. and in my opine
DEPUTY ecessary, te funeral may be in FUNERAL	ACTUAL SIGNATURE ASSISTANT MEDICA. EXAMINER EXAMINER S NAME (Type) Theo. C. Patterson, M. D. 105 Main States Dundalky. File 14222 230 BURIAL (REMATION, 23b. DA. THEREOF 23c NAME OF (REMETERY OR (REMATION)) 23c NAME OF CEMETERY OR (REMATION)	22. DATE SIGNED
Q = ± ∞ Q ± () VR A15ME (4) 6M 1/67	BENDYAL (peculy) 8/1/67 Sacred Heart of Jesus Baltimore Co., M 24 FURE DIRECTOR ADDRESS Paradainski Funeral Hone Tany Gastern Ave. DATJUL 3 1 1967	

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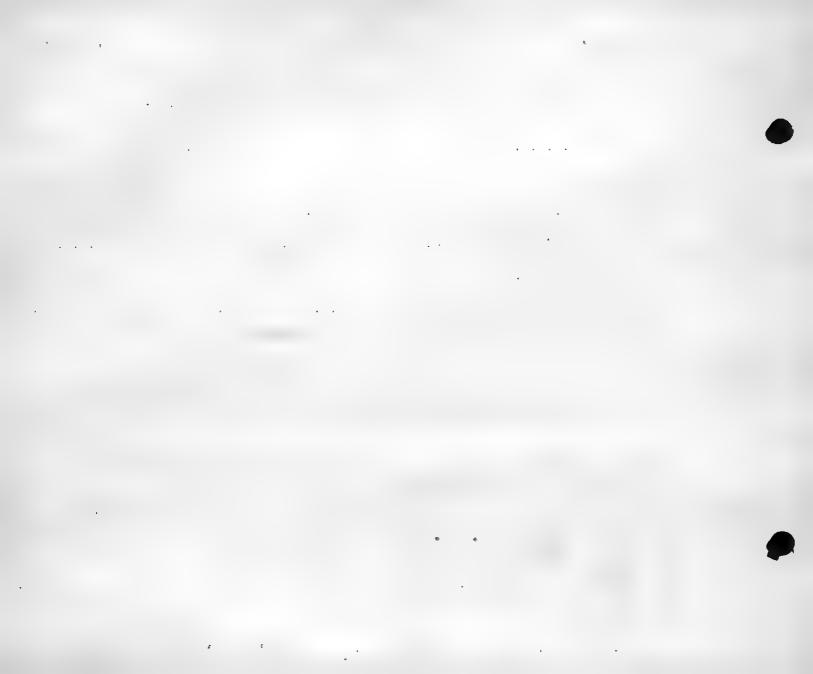
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Baltimore Ralto. the Md. MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b Arbutus 1 Year .= Arbutus d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE **12**2 ON A FARM? 24 944 Elmridge Ave. 944 Elmridge NO A YES executed within 3. NAME DE Middle DATE Month Year DECEASED OF Louisa M. Panzone Se ve de la comp (Type or print) DEATH July 14. 67 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH 9. ACE (In years LIF UNDER 1 YEAR UF UNDER 24 HRS last birthday) | Months | and c Days Hours Female White WIDOWED A -9--1.886 81 DIVORCED attending physician a ermit. Then please re m. or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR _ ⊆ 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRYT House Wife U. S. Italy 13. FATHER'S NAME MOTHER'S MAIDEN NAME Felice De Micola Gaetano Matucci 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. signed by the attend burial-transit permit, burial, cremation, or n 17. INFORMANT Address Balto, Md. (Yes, no, or unkown) (If yes give war or dates of service) No Vincent Pansone 2542 W. Lanvale St. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY FNYSICIEN: The law requires that to the hospital or attending physician. IMMEDIATE CAUSE (a) has been signe as the burial-prior to burial, DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO DO YES CERTIFI 20a, ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CTOR: After this certif should be detached fr vith the State Dept. of h OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c, TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While 2 DNIE at work at work retained 21. I certify that (I) (this hospital) attended the deceased from 19 .. to. 19 ____, that (I) (we) last DIRECTOR: age 3 should filed with the and that death occurred at 1100 M, from the causes and on the date stated above. saw the deceased alive on 226. SICNATURE 22b. DATE SICNED pe MED. page ATTENDING STAFF DIRECTOR PHYS. M.D. PHYS. 4 may O FUNERAL I director, par should be fil PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

Burial

July 17. 1 LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. (State 23a. Balto. Md. Holy Redeemer Com. RECISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. 196 G. Truman Schwab 3512 Frederick Ave. Balto. Md. DATE VR A15 (4) 1/65 20M



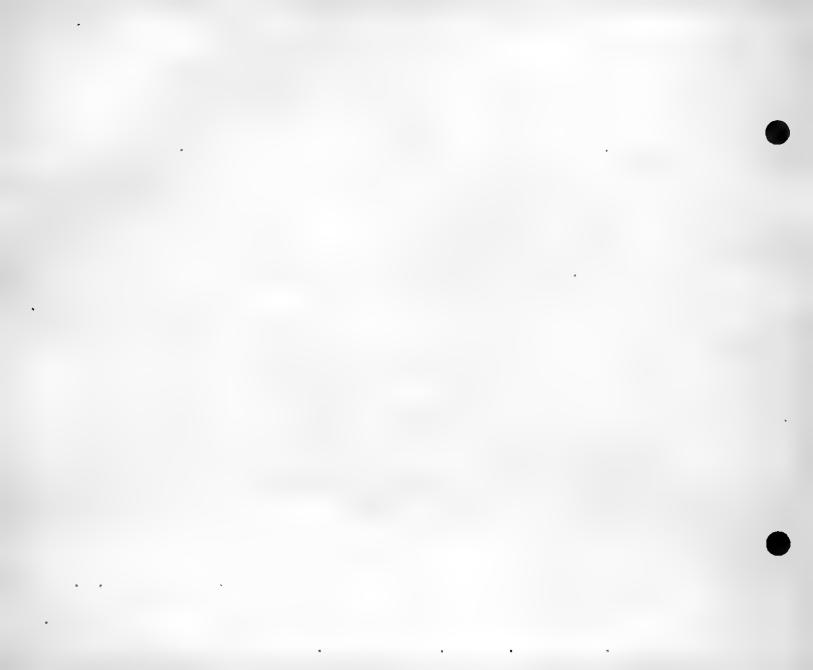
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00295 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death funeral 1 and 2 1er death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY Baltimore o. STATE b. COUNTY Md. Baltimore MARYLAND signed by the attending physician and campletely filled in by the burial-transit permit. Then please remove carban papers., Pages b CITY OR FOWN (If autside carparote limits, write RURAL and give negrest tawn) c. LENGTH OF STAY IN 16 t CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page 1 hour Towson d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? Towson, Y.M.C.A. 909 Southerly Rd. YES NOTE pan 3. NAME OF 4. DATE Month Year DECEASED Jessie Sherman Penhallegon July20,67 (Type or pont) DEATH 19 S SEX 6 COLOR OR RACE 9. AGE (in years IF JNDER I YEAR IF UNDER 24 HRS. 7. MARRIED DATE OF BIRTH NEVER MARRIED birthday) Months Hours F W. Oct. 20,1893 WIDOWED #7 DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or fareign cauntry) 12. CITIZEN OF WHAT during most of working life even therinest Baptist Books Publishing Co. 111. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME remava Milton A. Sherman Ida Goodrich 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 21093 (Yes, no ar unknown) (If yes give war ar dates at service) 349 26 6176 J.S.Penhallegon, 2220 ##### Foxley Rd. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY,
IMMEDIATE CAUSE (d) HEART DISEASE ARTEROSCIERUTIC ONSET AND DEATH DUE TO Canditions, if any, which gave rise to immediate cause (o), DUE TO stoting the underlying couse this certificate has been the 0 lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO I the haspital ar 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form 20c TIME OF INJURY Month, Day, Year (City or tawn) (County) (Stote) Hour a.m factory, street, office bldg., etc.) at wark O FUNERAL DIRECTOR: After be retained by 21. I certify that (I) (this hespital) attended the deceased from OCT 1963, to JUL 20, 1967, that (1) (we) lost saw the deceased glive on JUL 7 1967, and that death occurred at 270 M, from causes and on the date stated above. 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. July 21. 1967 M.D. DIRECTOR PHYS directar, page shauld be filed 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Thaddeus C. Siwinski 206 W. Pennsylvania Ave, Towson, Md. 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Evanston 7-24-67 Memorial Park I11. 24. PUNERAL BIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Wm. Cook-Brooks Towson, Towson, Md. Charles DATEJUL 2 4 1967



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09296 CERTIFICATE OF DEATH event, within 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY b. COUNTY Baltimere MARYLAND Marvland Baltimore 24 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) Towson Towson popers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS St. Joseph's Hospital 534 Hampton Lane YES NOXX 3. NAME OF First Middle Lost 4. DATE corbon Month Doy Year DECEASED 1967 (Type or print) EDWARD PINEAU DEATH July PHYSICIAN: The law requires that the death certificate be executed IF UNDER 1 YEAR S. SEX 6 COLOR OR RACE AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH COMI remove lost birthday) Months Doys Male Cau. ond in any WIDOWED DIVORCED August 5, 1910 10a USUAL OCCUPATION (Give kind of work dane 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) **COUNTRY?** INDUSTRY Sedf Roofers, Inc. New York U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotion, or removal, Leonard Pineau Minnie Kenneth ottending poermit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCE 52 16 SOCIAL SECURITY NO 17 INFORMANT Address permit. (Yes, no, or paknown) (If yes give war ar dates of service Mrs. Lillian Pineau. Same as # 2 18 CAUSE OF DEATH (Enter only one couse per line (or (o), (b), and (c))
PART 1 DEATH WAS CAUSED BY INTERVAL BETWEEN fronsit ONSET AND DEATH areandial induce signed by IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physicion. DUE TO burial, Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO certificate 200 ACCIDENT WAS UNDERLYING IT. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I of Port II of item 18 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour a.m. foctory, street, office bldg., etc.) Not While at work of work Henry 2, 1967, that (1) (we) last 21. I certify that (I) (this Hospital) attended the deceased from Mer. 2 19-57, ta 196), and that death occurred at 72 M, fram causes and on the date stated above. O FUNERAL DIRECTOR: saw the deceased alive on___ 22b. DATE SIGNED 22o. SIGNATUR ATTENDING MED M.D 22d. ADDRESS 22c. PHYSICIAN'S N. BROADWAY, BACTO, 260 director, pa NAME (Type) 23d LOCATION (City or Town)
Cockeysville, Maryland 230 BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BURIAL (Specify) Dulaney Valley Cemetery July 4, 1967 25a. RECD BY REGISTRAR 19 Wm. Cook-Brooks Towson, 1050 York Road
Towson, Maryland 21204 VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 69296 09297 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived, if institution. Residence before admission) a. COUNTY Maryland **b. COUNTY** filled in by the furnity papers. Pages 11 Baltimore MARYLAND b CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Baltimore 21212 Towson d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? St. Joseph's Hospital 4217 Ivanhoe Ave. NO DOL NAME OF First Middle 4 DATE Day and completely DECEASED 0F Vent, Price (Type or print) Irene DEATH 7-16-Agnes IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years 7. MARRIED [XQ NEVER MARRIED last birthday) Manths Haurs white female WIDOWED DIVORCED [April 28.1892 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT, ZEN OF WHAT COUNTRY? INDUSTRY Texas, Maryland Housewife
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or remaval, George F. Price Rose Barrett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, ar unknown) (If we give war ar dates of service) Frank B. Price, Sr. 4217 Ivanhoe Ive. None 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY: Myocardial Infarction IMMEDIATE CAUSE (a)_ HLOI DUE TO Conditions, if any, which gave (b) rise ta immediate cause (a), DUE TO stoting the underlying cause 3 should be detached for use as the with the State Dept. af Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? NO DE YES 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of from 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Nat While factory, street, affice bldg , etc.) at work 2). I certify that (I) (this haspital) attended the deceased from July 15, 1967, ta July 16, 1967, that (I) (we) last saw the deceased glive an July 16, 1967, and that death accurred at 1:10AM, from causes and on the date stated above 22b DATE SIGNED 22a. SIGNIFFERE ATTENDING MED DIRECTOR July 16, 1967 director, page 3 should be filed v 22d ADDRESS PHYSICIAN'S NAME (Type) 7620 York Rd., Baltimore Co.Md. 21212 smael Jamora 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, 23b DATE THEREOF (County) REMOVAL (Specify) Dulancy Valley Memoria 0 24. FUNERAL DIRECTOR John A. Noran, Inc. 3000 E. Baltimore St.



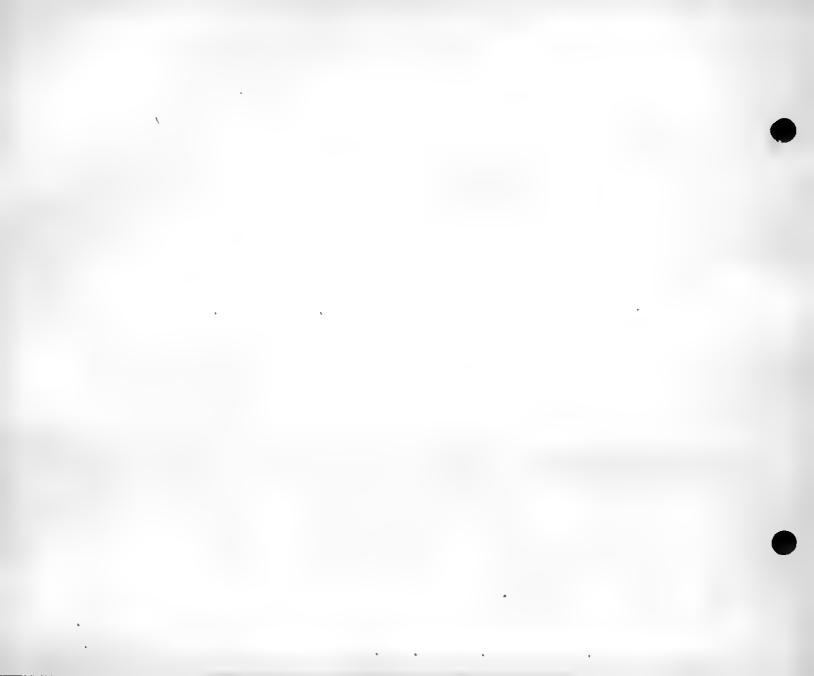
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09297 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Baltimore Mary land 6 COUNTY 3 to Pode Baltimore MARYLAND uny delay c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 16 2, and : PM3. P Rural -- Baltimore Baltimore 21234 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? in Item 18. Give Poges 1, d "pending" in pentil in Item 18. Give Pages 1, Chief Medicol Examiner's Office along with form 2627 Windser Road 2627 Windsor Road YES . NO D be executed within 24 hours after death NAME OF First Middle Last DATE Manth Day Year DECEASED OF MABEL E. PRICE 24, July 67 (Type or print) DEATH S. SEX B DATE OF BIRTH 1F UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years last (arthday) Manths Female White Nov. 17,1908. WIDOWED DIVORCED any event within 72 hours after death 100 JSUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUS NESS OR 1) BiRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life even if retired) USA Maryland 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME William McKinley Elizabeth Kelly 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na jurunknown) (If yes give war ar dates of service) 218-28-4510 Mrs.Mr. John W. Price. Sr. (Same) IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)

PART I DEATH WAS (ALSED BY Arteriosclerotic Cardiovascular Disease INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) This certificate should e, writing the word forwarded to the Ch DUE TO Conditions, if any, which gave (b) rise ta immediate cause (a), DUE TO stating the underlying cause G S cremation, or removal, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? please execute the certificate, NO: 206 DESCRIBE HOW MIURY OCCURRED (Enter nature of mory in Part or Part II of item 18.) 3 shauld PRIMARY ar CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. I.ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Hame, farm, (City or town) (Caunty) (State) Haur a.m. factory, street, affice bldg., etc.) Not While may be refained for your FUNERAL DIRECTOR: Page at work at work Inspection XX 21. I certify that I taak charge of the remains described above, held an Autapsy Induity (and in my opinion Natural causes [X] death resulted fram. Accident -Suicide . Hamicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASS STANT MED CA. EXAM NER 7/24/67 O DEPUTY necessory, DEPUTY MEDICAL EXAMINER **EXAMINER'S** Werner U. Spitz Hea th NAME (Type Address (Street, city, town, ar county) 230 BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORS 23b DATE THEREOI 23d LOCATION (City or Town) (State) 9 7/27/67. Moreland Memorial Cemetery Baltimore Md 24. FUNERAL DIRECTOR 250, REC'D BY REGISTRAR VR A 15ME (5) Leonard J. Ruck, Inc. Balto. Md. 21214 DATE JUL 25 1967 Charle 6M 1/67

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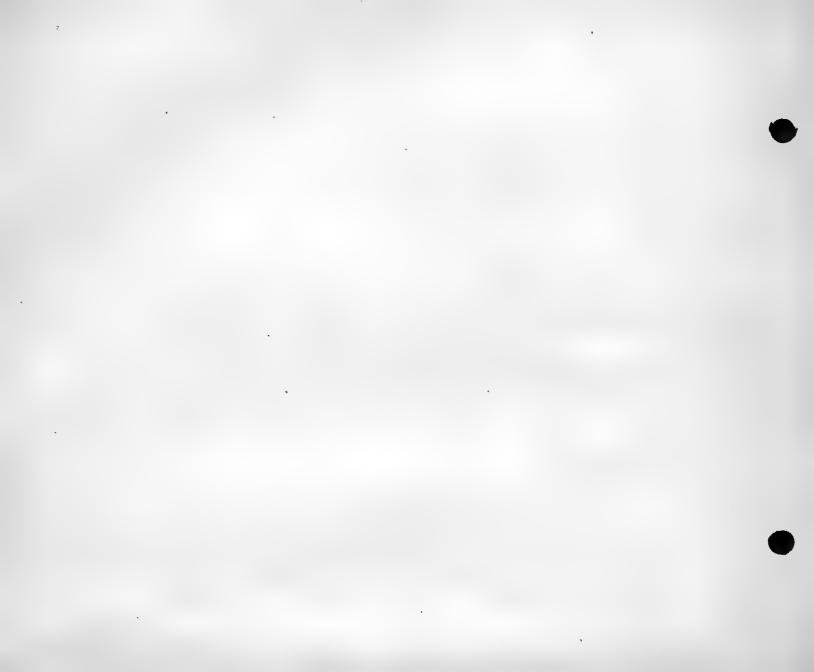
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	Division of STATISTICAL RESEARCH AND RECORDS, 3	01 W. PRESTON STREET, BALTIMORE, MARYLAN	D 21201
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or or	EXAMINER'S	DEPUTY MEDICAL EXAMINER	//3/17
o DEPUTY MESTAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health or its designated against the statement of the statement o	NAME (Type) Charles F. O'Donnell, M.D.	Address (Street, city, town, or county)	1010
0 + 50 P	230 BURIA, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR RSMOVAL (Specify)		(County) (State)
-12	Burial 7/5/67. Holy Redeen 24 FUNERA. DIRECTOR RODRESS		2, //IC.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE AND HOUR OF DEATH voe or Pool 7/30/67 Merie Purcocher PLACE OF DEATH IN BAUTIMORE-MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission A. STATE BALTIMORE COUNTY FULL NAME OF If not in haspital or institution, give street BALFIMORE HOSPITAL OR C. CITY OR TOWN (if outside city limits, write RURAL and give township) **INSTITUTION** 3402 Essex Rd Baltimore Baltimore Md 21207 D. STREET ADDRESS (If rural, give location) 3402 Essex Rd 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF RIPTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs. law requires that the death certificate be executed WIDOWED, DIVORCED (specify) Months: Doys Hours Female Widowed 210A, USUAL OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 2. CITIZEN OF Edone during most of working life, even if relired)
Housewife WHAT COUNTRY! Czeck Usa physician i C13. FATHERS NAME 14. MOTHER'S MAIDEN NAME Unk Unk attending p 615, Was Decrased Ever in U. S. Armed Forces?
(Yas, no arunknown) (If yes, give wor or dates of service) 17. INFORMANT 6. SOCIAL ADDRESS SECURITY NO. permit. No Family Same 1B. CAUSE OF DEATH INTERVAL BETWEEN signed by the burial-transit DISEASE OR CONDITION DIRECTLY 4 may be retained by the hospital or attending physician. LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury or complication which caused death,) # ANTECEDENT CAUSES S DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on..... pino and haur and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending r Med. Director 23C. PHYSICIAN'S 23D. ADDRESS director, NAME (Type) M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) 24D. LOCATION (City, town, or county) Burial Holy Cross Cem VR A15 (4) 25M. DATE REC'D BY HEALTH DEPT A A Co Md 25C. FUNERAL DIRECTOR ADDRESS McCalle P H con Date



	MARYLAND STATE DEPARTMENT OF HEALTH					
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0 a a	filec		22c PHYSICIAN'S 22d ADDRESS 22			
PITA ma ERAI	Pe P		NAME (Type) Sime on CATIE BAHO. COUNTY GEN. HOSPITAL			
TO HOSPITAL OR ATTENDING PHYSICIAL Page 4 may be retained by the hospital to FUNERAL DIRECTOR: After this certifical	aulc	230	BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL ESPECIFY) 7-22-67 5-12-68 Change Chan			
0 0	급등	E.	OFIAT TELEVISION OF CHINEFEE CHINEFEE OF DICABECKS 14.			
•		24	FUNERAL DIRECTOR SOLVE TO BY REGISTRAR 256. REGISTRAR'S SIGNATURE 10 A 10 UL 2 4 1967 Killer Signature 10 A 10 UL 2 4 1967 Killer Signature			
20 /	A15 (4) M 1/66		THATAY W. Halghe sylacurile Mr.A. DANUL 24 1961 formers from			



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1.28ª P	09303 CERTIFICATE OF DEATH
ter death.	1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. SIALE b. COUNTY
completely filled in by the four carbon papers. Pages 1 event, within 72 hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore
24 filled papers in 72	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1636 Hardwick Rd. d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES NO
within pletely sarbon nt, with	3. NAME OF First Middle Last 4. DATE Month Day Year OF Crype or print) Frederick P. Rappe DEATH July 23 19 67
executed within and completely remove carbon any event, with	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Dec 16, 1915 9. AGE (in years if UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
e be ex sician a lease re and in	To a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker 10b. KIND OF BUSINESS OR III. BIRTHPLACE (County & State, or foreign country) Cabinet Maker 11. BIRTHPLACE (County & State, or foreign country) Baltimore Md.
ificat g phy en p oval,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ndin Th	Henry 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
atte atte	(Yes, no, or unknown) (If yes give war or dates of service) Yes 2nd W.W. 213-05-4151 Wife Same
O HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be estanged by the hospital or attending physician. O FUNEAL DIRECTOR: Attentificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please is should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH OUR TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. OUE TO Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ONSET AND DEATH
ING PHYSI I by the h Affer this be detac State Dep	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work Not While at work at work 19
TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR. After director, page 3 should be should be filed with the Stafe	21. I certify that (I) (Note it is) attended the deceased from March, 1967, to July 1967, that (I) (Note last saw the deceased alive on 3 200 1967, and that death occurred at 1172 M, from the causes and on the date stated above. 22a. SIGNATURE ATTENDING MED. STAFF DIRECTOR PHYS. 249 July 1967 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS
TO HOP Page TO FUI direc	23a. BURIAL, CREMATION, 23b. DATE THEREOF PREMOVAL (Specify) Burial 7/26/67 Baltimore Nat. 23c. NAME OF CEMETERY OR CREMATORY Baltimore Md. 24. FUNERAL DIRECTOR ADDRESS 25a. RECIPITY RESISTRATES CIENTALES CIEN
VR A15 (4) 15M 4-64	P.A. Heemann 6067 Harford Rd. DATE 1967



	OUR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA CERTIFICATE OF DEATH	30
1.	FLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution; Residence bet	0 010
	Baltimore Maryland Saltimore Baltimore	
_	b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporeta limits, write RURAL and give naeres	low
	writa RURAL and give nearest town) Pikesvillo 2 13. Pikesville, 21208	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS	is RI
		В
3.	NAME OF First Middle Last 4. DATE Month Day	Yea
	(Type or print) Nathan Albert Rock DEATH Huly 15	19
5.	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In Febru IF UNDERT YEAR IF UN	
	Fale White WIDOWED DIVORCED Aug 24 1836 Royer Months Days Hou	ir\$
10	Da. USUAL OCCUPATION (Give hind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WH	AT (
	Retired Bendix Fennsylvania U.S.A.	
13.	E. FATHER'S NAME	
	John Rock Laura hautman	
15. (Y	S. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass 717 GTT 170	7
) <u>`</u>	No None 217-01-4920 Mrs. Kathleen Seal, 1720 Reisterstown Rd	
_	18. CAUSE OF DEATH Enter only one cause par line for (a), (b), and (c), ONSET A ONSET A	
	PART I. DEATH WAS CAUSED BY: Interescleratic hearts Cisease 7 six	2
	42 DUE TO	4
	Conditions, if any, which \ (b)	
	gave rise to immediate cause DUE TO	
	cause last. (c)	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. W.	AS .
3	YES []
CERTIFICATION	203. ACCIDENT WAS UNDERLYING . 206. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part II of item 18.) OR CONTRIBUTING . CAUSE OF DEATH	
MEDICAL	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) Hour a.m. Whila Not Whila factory, streat, office bldg., afc.)	
Ā	p.m. 19 al work el work	
	21. I certify that (1) (this-hospital) attended the deceased from	
	saw the deceased alive on 1.4 July 19.67., and that death occurred at 18M, from the causes and on the date sta	ated
	220. SIGNATURE ATTENDING MED. STAFF	22
	Touch Koyse MO PHYS DIRECTOR PHYS.] July.	15
	22c. PHYSICIAN'S NAME (Type) PAUL H ROUSE IND 2 FALEU LZNE. PIKESULLE	
	TAULTINOSSE TAOSFOLES CANE TIRESULLE	
23	Se. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lown or county)	(\$
	Total I Tar 13, 1007 Durnet, Hill Joyet of The Alle -	
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2SB, REC'D BY REGISTRAR'S SIGNATURE 2SB, REGISTRAR'S SIGNATURE 2SB, REGISTRAR'S SIGNATURE 2SB, REC'D BY REGISTRAR'S SIGNATURE 2SB, REGISTRAR'S SIGNATURE 2SB, REC'D BY REGISTRAR'S SIGNATURE 2SB, REGIST	A.

CAR STATE OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09304 09305 CERTIFICATE OF DEATH The taw requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before odm ssion) o. COUNTY o. STATE b. COUNTY Baltimore #21206 Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) C LENGTH OF STAY IN 16 Baltimore Towson d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET AUDRESS e. IS RESIDENCE ON A FARM? Box 296. Ridge Road St. Joseph Hospital YES NO Middle NAME OF 4. DATE Month DECEASED Clara E. Royahn (Type or print) July DEATH 19 S. SEX 9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH last birindoy) Hours June 13. 1680 and in any Female White WIDOWED 3 DIVORCED [10c USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT COUNTRY? INDUSTRY attending physician sermit. Then please Baltimore County Housewife

13. FATHER'S NAME Home 14. MOTHER'S MAIDEN NAME crematian, ar remayal, Calvin Shaffer Mary Elizabeth Johnson IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., or unknown) (If yes give wer or dates of service) Trust Bldg 16 SOCIAL SECURITY NO 17 INFORMANT 216-46-1860 William B. Stansbury Jr. 403 Mercantile 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY. Pulmonary th: INTERVAL BETWEEN signed by the burial transit p Pulmonary thromboembolism ONSET AND DEATH IMMEDIATE CAUSE (6) DUE TO congestive heart failure Conditions, if ony, which gove nse to immediate couse (o). DUE TO stoting the underlying couse 3 should be detached far use as the with the State Dept. af Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TWO GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES 😿 Acute fibrinopurulent pericarditis NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Not While factory, street, office bldg . etc.) of work at work 21. I certify that (this haspital) attended the deceased from July 13, 1967, to July 22, 1967, that (the we) last saw the deceased alive on July 22, 1967, and that death accurred at 1 p. M, from causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED MED DIRECTOR PHYS July 22, 1967 director, page shauld be filed 22d ADDRESS 22c PHYSICIAN'S NAME (Type) Reynaldo Or dela-Gomez, M. D. 7620 York Road, Towson 4, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF (Stote) Parkwood emetery Burial 250 REC'D BY REGISTRAR 2 256 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR DATEJUL 7401 B.Da.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09305 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a. COUNTY b. CDUNTY ARYLAND PM3 Page DALTIMIRE te Deportment of ALTIMORE MARYLAND C LENGTH DE STAY N To b CITY DR TDWN (It outside corporate limits c CITY DR TDWN (If ourside corporate limits write RURAL and give nearest town) write RURAL and give nearest tawn) AKTIMORS d STREET ADDRESS B IS RESIDENCE d. NAME DE BOSP TAL OR INSTITUT DN (If not in hospito, ig ve street address) with form ON A FARM Item 18 Givin Poges This certificate should be executed within 24 haurs after death NAME OF Middle DATE DECEASED DEATH e certificate, writing the word "pending" in pencil in Hem 18 Givi should be forwarded to the Cnief Medical Examiner's Office along-9 AGE (In years IF UNDER SEX NEVER MARRIED ast/birthdoy) Months DAWDOLW in any event within 72 hours after death DIVORCED TOB KIND OF BUSINESS DR ACE (State or foreign country) 12 CT ZEN DE WHAT COUNTRY? INDUSTRY 13 FATHER S NAME 14 MOTHER'S MAIDEN burial-fronsit permit. Fle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SDC AL SECURITY NO 17 INFORMANT (Yes, no, or unixfown) (If yes give wor or dates of service) A325 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and INTERVAL BETWEEN DNSET AND DEATH DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) the certificate, writing the word DUE TD Conditions, if ony, which gove (b) ase to immediate couse (a), DUE TO stoting the underlying couse or removol, and 3 should be used PART I DTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS ALTOPSY PERFORMED? CERT.FICATION NO 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY DOCUMENT (Enter nature of injury in Port I or Port II of item 18.) PRIMARY Contributing C CAUSE OF DEATH. cremotion, MEDICAL 20c. TIME DF INJURY Month, Doy, Year 20d INJURY DCCURRED 20e PLACE DF INJURY (Home, farm 20f (City or town) (County) Hour om. Not While foctory, street, office blda, etc.) 5 may be retained for your O FUNERAL DIRECTOR: Page of work ot work 21 I certify that , took charge of the remains described above, held an Autopsy Inspection -Inquiry and in my opinion deoth resulted. Notural causes Accident Suicide Homicide Undetermined manner the funeral d rectar. CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) Hea!th Address (Street city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d LDCAT DN (City or Town) BUR.A. CREMATION 23b DATE THEREOF REMD VAL (Specify) 7/27/67 Baltimore National Baltimore Maryland 24 THIN RAT DIRECTOR 250 REC'D BY REG STRAR VR A15ME (5) 6M 1/67 DATE Leonard J. Ruck Inc. 5305 Harford Rd. 21214



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

09307 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH USUAL RESIDENCE (Where deceased aved, if institution. Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Baltimore filled in by the fun papers. Pages 1 thin 72 hours after Baltimore MARYLAND b CITY OR YOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) 1 Monathk Baltimore 21212 Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 48 501 Castle Drive St. Joseph Hospital YES NO [campletely fi NAME OF Middle 4 DATE First Lost Month Year DECEASED July 19 67 SCHALFER (Type or print) Clara L. DEATH AGE (In years S SEX IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED (as | birthdoy) Months October 6,1882 Female White WIDOWED 3 DIVORCED 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** Maryland Homemaker II.S.A 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME ar removal, William Shower attending poermit. The Ross 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 216-46-3648 No Mr. Wm. F. Schaefer 602 St. Francis Rd INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c))
PART I DEATH WAS CAUSED BY
Acute myoca ONSET AND DEATH Acute myocardial infarction IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if any, which gove Occlusion of right coronary artery rise to immediate couse (o). DHF TO stoting the underlying couse Generalized arteriosclerosis 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) USe Health 1 Status post colectomy YES X NO þ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of Item 18) 20o ACCIDENT WAS JNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, farm, (City or fown) (County) (State) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Not White of work of work FUNERAL DIRECTOR: After June 1 1967 to July 5 19 67 that 10 (we) lost 21. I certify that (X) (this hospital) attended the deceased from. sow the deceosed the on July 5 1967, and that death occurred of 2:05PM, from causes and on the date stated above 22o SIGNATURE 22b DATE SIGNED STAFF ATTENDING X July 6, 1967 M.D DIRECTOR PHYS 22d ADDRESS PHYSICIANIS 7620 York Rd., Towson, Md. 21201 NAME (Type) M.S. Cockburn, M.D. directar, shaud b 23a. BJRIAL CREMATION, ZEMOVALISMANIA ON 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) Woodlawn, Maryland Lorriane Park Mausoleum 7/8/67 2 RECD BY REGISTRAR S SIGNATURE A CHESTER S SIGNATURE 24 FÜNERAL DIRECTOR VR A15 (4) 25M 1/67

Wm. Cook-Brecks Towson 1050 York Rd. 21204



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 29307 CERTIFICATE OF DEATH haurs after death PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY n. STATE **b.** COUNTY Baltimore MARYLAND Maryland, Baltimore
c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 TOWSON RIVER MIDDLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1416 Third Road NO 🕰 St. Joseph Hospital NAME OF DATE Last Day Year DECEASED OF DEATH (Type or print) William TILL TO THE UNDER 1 YEAR Schratz PHYSICIAN: The law requires that the death certificate be executed 9 AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months White Male WIDOWED DIVORCEO December 12,1900 10a USUAL OCCUPATION (Give kind at work dane during most of warking life, even if retired) 11 BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? Martin Co. New York. N.Y. 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME JOHN SCHRATZ OBERHOFFER Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dates of service) 109-05-0872 FRANCES ABOUL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH Thrombosis left coronary artery IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Uremia secondary to chronic pyelonephritis. YES X NO 20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER' 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Month, Oay, Year (County) (State) factory, street, affice bldg, etc.) Nat While at wark at wark 21. I certify that (1) (this hospital) attended the deceased from July 5, 1967, to July 30, 1967, that (1) (we) last saw the deceased ebre on ... Tulle 30 1967, and that death accurred at 1:20 Mrom causes and an the date stated above 22o SIGNATURE 226. DATE SIGNED STAFF PHYS MED. DIRECTOR X July 31, 1967 22c, PHYSICIAN'S NAME (Type) 22d. ADDRESS TO FUNERAL M.S. Cockburn. M.D. 7620 York Rd., Towson, Md. 21204 23c NAME OF CEMETERY OR CREMATORY 23b. OATE THEREOF 23d LOCATION (City or Town) (County) 230 BURIAL, CREMATION, REMOVAL (Specify)

BLR172

24 FUNERAL DIRECTOR BALTO. REGISTRAR S SIGNATURE VR A15 (4) 5. CONNELLY 300



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09303 CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY within 24 hours after MARYLAND MARYLAND b CITY OR TOWN (If outside carparate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) BALTIMORE BALTIMORE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? MILFORD MANOR NURSING HOME 3903 BARRINGTON ROAD YES NO [3 NAME OF Middle DATE Last Month DECEASED (Type or print) LENA SCHULT DEATH 5. SEX 6 COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B DATE OF BIRTH last birthday) Months WIDOWED DIVORCED WHITE 10a LSUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR and in 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT OR ATTENDING PHYSICIAN: The law requires that the death certificate be during most of working life, even if retired) COUNTRY? INDUSTRY HOUSEWIFE AT HOME LITHUANIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, ar remayal, LEPA BLUMBERG 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, na, or unknown) (If yes give war or dates of service MR. DAVID SCHULTZ, 5511 GIST AVENUE 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) by the haspital ar attending physician DUE TO Conditions, if any, which gove rise ta immediate cause (o), DUE TO stating the underlying cause this certificate has been detached for use as the re Dept. of Health prior to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISFASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO F 20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part | or Part |) of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache should be filed with the State Dept. 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm (City or fown) (County) (State) Hour To.m. Not While foctory, street, affice blda., etc.) of work at work 195 1957, that (I) (we) last 21 I certify that (I) (this haspital) TO HOSPITAL OR ATTEND Page 4 may be retained 19 67, and that death occurred at 3 M, from causes and on the date stoted above TO FUNERAL DIRECTOR: saw the deceased alive an 22a. SIGNATURE 22b DATE SIGNED, M.D DIRECTOR PHYS 22c PHYSICIAN S 22d ADDRESS NAME (Type) 6210 PARK HEIGHTS AVENUE 23a BURIAL CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify)
BURTAL BAITIMORE MARYLAND FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 BROS. INC. 6010 REIST. RD.



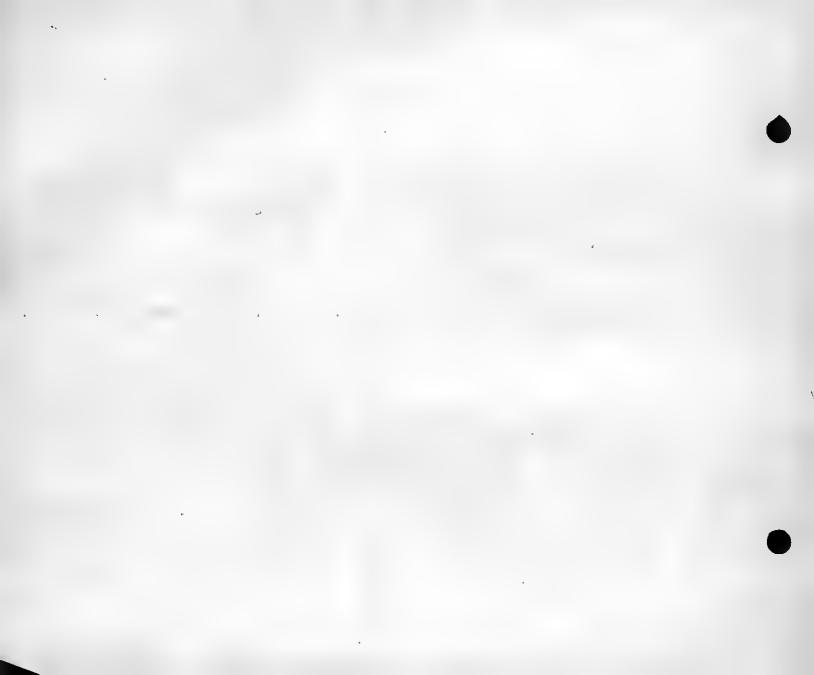
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

09308 09310 The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) a. COUNTY b. COUNTY Maryland Baltimore MARYLAND b CITY OR TOWN (I outside corporate limits. CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURA and give nearest town) #21206 Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 106 E. Elm Avenue YES NO * St. Joseph's Hospital NAME OF Middle Last 4. DATE Yenr completely DECEASED OF DEATH event, 67 (Type or pnnt) Schultz July Thelma 9 AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH Months Dovs Hours White Female WIDOWED DIVORCED Feb.ruarvl.1912 and 10o, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or fareign country) 12 CIT ZEN OF WHAT and in a during most of working life, even if retired) COUNTRY ? INDUSTRY 13. FATHER'S NAME Schuylkill Haven, Penna 14. MOTHERS MAIDEN NAME burial, cremation, or removal, Hattie Mood Bolton Reed IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Norman W. Schultz none same no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Recurrent myocardial infarction IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse 19. WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Arteriosclerotic cardiovascular disease. YES X NO **DIMECTOR:** After this certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., etc.) of work ot work 21. I certify that K (this hospital) attended the deceased from June 24, 1967, to July 4, 1967, that (* (we) last 19 67, and that death accurred a6:05AM, from causes and on the date stated above saw the deceased dive 22b. DATE SIGNED 220 SIGNATURE MED. DIRECTOR STAFF PHYS. X July 4, 1967 director, page 3 should be filed v M D 22d ADDRESS 22c PHYSICIAN'S 7620 York Rd., Towson, Md. 21204 NAME (Type) Reynelde Or juela-Gomez, M.D. 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) (Stote) 230 BURIAL CREMATION, REMOVAL (Specify) 7/7/67 Moreland Park Cem. Balto. Md. 250. RECTUBY REGISTRAR 9 **ADDRESS** 24. FUNERAL DIRECTOR

Leonard J. Ruck Inc. Balto. Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09310 29311 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH (Where deceased lived, if institution: Residence before admission) USUAL RESIDENCE COUNTY MARYLAND b CITY OR TOWN (Fautside corparate mits C LENGTH OF STAY IN ID write RURAL and give nearest town) BALTO RURAL d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO L M ddla NAME OF DATE Year DECEASED OF DA DEATH 7 MARR ED NEVER MARRIED Joy methody) mar 1889 WIDOWED J D VORCED w thin 72 haurs after death 100 USUAL OCCUPAT ON (Give kind of work done 11 B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10h KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY ? INDUSTRY Retired Germany
14. MOTHER'S MAIDEN NAME USA certificate shauld be executed within 13 FATHER'S NAME Unknown Sevmer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Ellicott City, e writing the ward "pending" forwarded to the Chief Medical (Yes, no, or unknown) [If yes give wor or dotes of service 216-10-3274 Mr. Adolph W. Seyer, Waterloo Rd. 1B CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY event DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse remova, and 19 WAS A ITOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO YES 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (State) foctory, street, office bldg, etc.) at work of work 21 I certify that I taak charge of the remains described above, he d on Autopsy , Inspect on , Inquiry , and in my opinian FUNERAL DIRECTOR: Natural causes A. Accident . Su cide . Hamicide Undetermined manner death resulted from CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health pr DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, fown, or county) NAME (Type) 23d LOCATION (City or Town) 230 BURIAI CREMATIO DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (Stote) Md. Loudon Park Cemetery 0 7/11/67 Baltimore Howard H. Hubbard 4107 Wilkens Ave. 2SE REGISTRAR'S SIGNATURE REC D.BY REG STRAR 24 FUNERAL DIRECTOR VR A 15ME (ST BM 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 69311 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission. o. COUNTY **b** COUNTY and 3 ta Page MARYLAND Maryland Baltimore b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY N 16 c CITY OR TOWN (flouriside corporate I mits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Rd d. STREET ADDRESS e. IS RESIDENCE along with farm ON A FARM? 2108 Northcliff Drive Pine Ridge Golf Course, Dulaney Valley NO n Item 18. Give Pages 3 NAME OF DECEASED July 30, 1967 (Type or print) Shaivitz DEATH Memie. 9 AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 7 MARRIED TY NEVER MARRIED 8 DATE OF BIRTH lost birthdoy) WIDOWED DIVORCED May 11 1915 52 White Chief Medical Examiner's Office Malo 12 CITIZEN OF WHAT Do USEAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Baltimore, Maryland
14 MOTHER'S MAIDEN NAME Manufacture Rep. Furniture. pencil Stella Kaplan Samuel Shaivitz 17 INFORMAN 15 WAS DECEASED EVER IN .. 5 ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Blanche Shaivitz. 2108 Northcliff Drive Ma 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c)) PART DEATH WAS CAUSED BY IMMEDIATE CAUSE to) This certificate should writing the ward DUE TO and in any Conditions, if any, which gove rise to immediate couse (a), DUE TO storing the underlying couse WAS AUTOPSY PERFORMED? cremation, or removal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO (2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of njury in Port For Port 1 of item 8) PRIMARY OF CONTRIBUTING CAUSE OF DEATH MEDICAL (County) 20c TIME OF N. RY Month, Day, Year 2Dd NJRY OCCURRED 2De PLACE OF NJURY (Home form (City or fown) (Stote) factory, street, office bldg, etc.) may be retained far yaur FUNERAL DIRECTOR: Page ot work of work 21 1 certify that I took charge of the remains described above, held an Autapsy [], Inspection ... Induity [and in my apinian death resulted from Natural causes 7. Accident 7. Suicide A. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER TO FUNERAL I DEPUTY MED CA. EXAMINER **EXAMINER'S** Address (Street, city, fown or county) NAME ,Type Charles F. O'Donnell. 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Baltimore, Marylana Burial 24 FUNERAL DIRECTOR AUG REGISTRAR VR A15ME (5) 6M 1/67 Sol Levinson & Bros. Inc., 6010 Reist., Rd. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 004D Residence before admission) PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed ved o (OJNTY Maryland Baltimore County b CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate lines write RURA, and give nearest town) Baltimore Towson d NAME OF HOSP TAL OR INSTITUTION (It not in hospital, give street address)

St. Joseph Hospital e IS RESIDENCE ON A FARM? d STREET ADDRESS with form 119 Charter Oak Ave. Give Pages NO X after death 3 NAME OF DECEASED [Type or print] Dr.Harold J. Shea Middle Last DATE OF DEATH Office alang 6 COLOR OR MACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years F UNDER I YEAR IF UNDER 24 HRS 70 yrs. Months W in any event within 72 haurs after death WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done LOB K ND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT during most of working life leven if retired) COUNTRY? INDUSTRY Pharmacist Dickmands Phar Maryland
14 MOTHER'S MAIDEN NAME USA certificate, writing the ward parameters and be farwarded to the Chief Medical Examiner's 13. FATHER'S NAME Anna A. Kelly James W. Shae 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (f yes give war or dates of service Yes Mrs. Velma L. Shea (Same 18 CAUSE OF DEATH (Enter on y one couse p NTERVAL BETJALEE PART I DEATH WAS CAUSED BY MMEDIATE CAUSE 16 DUE 19 Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse be used remayal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18.) shauld PRIMARY Or CONTRIBUTING shauld CAUSE OF DEATH 20c TIME OF N. RY Month, Doy, Year 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) loctory, street, office bldg., etc.) ot work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion Undetermined manner death resulted from Natural couses Accident Suicide . omicide funeral directar CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) CHARLES O'DONNELL, M.D Address (Street, city, town, or county) 23d LOCATION (City or Town) 230 BURIAL (REMATION 23c NAME OF CEMETERY OR CREMATORY Dulaney Valley Mem. Grds. Timonium, Balto. Co. Md. 250 RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A 15ME IS & Sons Co. 4905 York Road .Jenkins 1967 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09314 The low requires that the death certificate be executed within 24 hours after death USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH n by the funeral o. COUNTY o, STATE b. COUNTY timore MARYLAND remove carbotr papers. Pages In any event within 72 hours after b CITY OR TOWN (If outside corporate iimits, c LENGTH OF STAY IN 16 c CITY OR TOWN (It autside corporate limits, write RURAL and give neares) town) write RURA, and give nearest town) 2 Mas dau TIMOTE NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 8 IS RESIDENCE ON A FARM? TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-gape. 3330 within NO X YES NAME OF DATE Lost Month Day Year DECEASED OF DEATH N.M.N 196 (Type or print) IF LINDER 24 HRS S SEX AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH lost birthday) Months Doys Hours 4-15-0 ond in any WIDOWED DIVORCED OCCLPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) INDUSTRY 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME MERCHANT remilvo MENDEL SIDLIN WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMAÑ Address (Yes, no, or unknown) (If yes give wor or dotes of service 0 NO 212-26-8822 buriol, cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse os the prior to lost WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED of Heolth NQ 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) with the Stote Dept. (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) foctory, street, office bldg., etc.) Hour o.m. While Not While at work at work be 21. I certify that (I) (this haspital) attended the deceased fram and that death accurred at 45 M. fram causes and an the date stated above saw the deceased alive an 22b DATE SIGNED 22a SIGNATURE ATTENDING 증 DIRECTOR PHYS PHYS. director, poge should be filed 22d. ADDRESS 22C PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION 23b DATE THEREOF (County) REMOVAL (Specify) MOSES MONTIFIORE BALTIMORE 24 FUNERAL DIRECTOR 25b. REGISTBAR'S SIGNATURE VR A15 (4) 20 M 1/66 & BROS. INC., 6010 REIST., RD. DATE

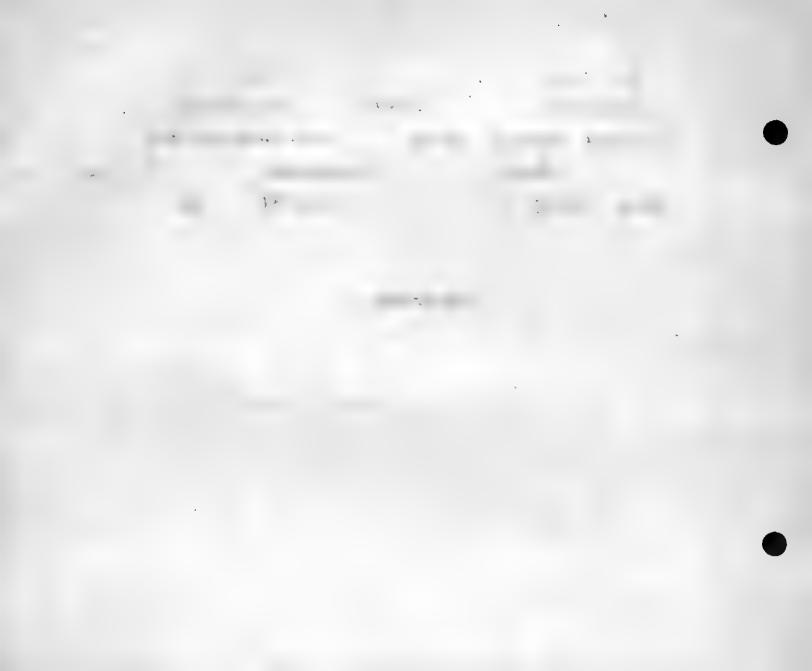
A STATE SHOW A STATE OF STATE OF STATE

Spirasion of Statistical Research and Records, 301 W. Preston Street. Baltimore 1. Maryl Film G392 8/24/67hr CERTIFICATE OF DEATH after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY BACTIMORE MARYLAND bythe c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)

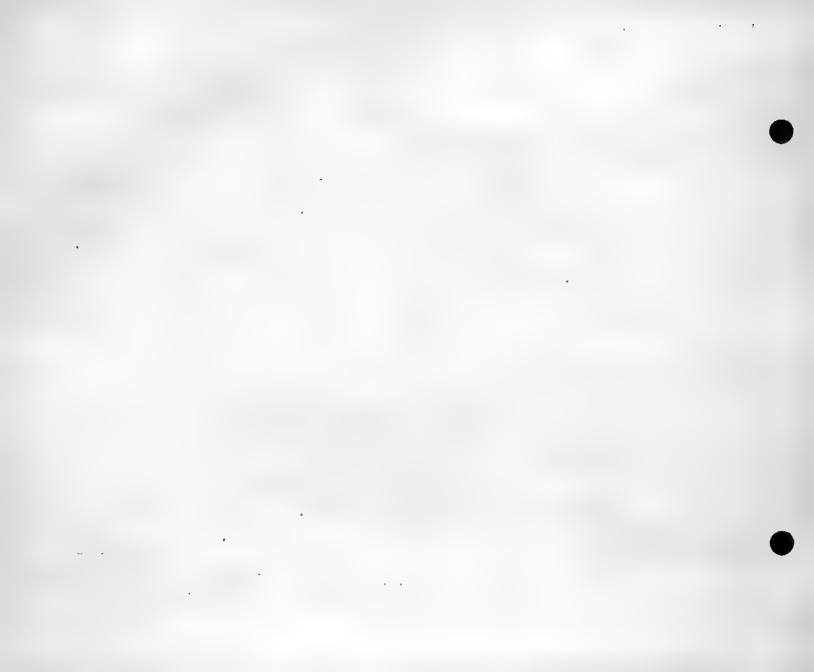
CARLISOM

74 DAYS

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) hours BALTIMORE Ξ e. IS RESIDENCE ON A FARM? 5432 NARCISSIS H NO V within DATE Month Day Year NAME OF Middle 4. complete DECEASED event DEATH 19 (Type or print) executed IF UNDER 1 YEAR **IF UNDER 24 HRS** 5. SEX 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Days Hours any and WIDOWED DIVORCED IX 12. CITIZEN OF WHAT COUNTRY? physician a = 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done) certificate be during most of working life, even if retired) INDUSTRY. and OLAND EDCHOUT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal attending parmit. Ther Address d by the attend transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) aw requires that the death MR. ALLEN B. SPECTOR 10 SOUTH INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). burial-transit ONSET AND DEATH this certificate has been signed by letached for use as time burial-transiment, of maith prior to burial, crem PART I. DEATH WAS CAUSED BY: milla the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED,? NO 🗁 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18. OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20e, PLACE OF INJURY (Home, farm. (County) (State) 20d. INJURY OCCURRED 20f. (City or town) TIME OF INJURY Month, Day, Year be de factory, street, office bldg., etc.) Hour a.m. After While Not While ATTENDING at work p.m. at work! be retained 5-24 that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from 1967 1967 FUNERAL DIRECTOR: /
director, page 3 should 19.5.7, and that death occurred at 2.10PM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING Page 4 may b M.D. PHYS. DIRECTOR PHYSICIAN'S NAME (Type) 22d. ADDRESS director, p NAME OF CEMETERY OR CREMATORY 23d. EQCATION (City, town or county) DATE THEREOF 23c. BURIAL, CREMATION, 23b. 23a. REMOVAL (Spectfy) 2 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24__FUNERAL DIRECTOR ADDRESS VR A15 (4) DATE 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items CERTIFICATE FOR DEATH 8/24/67 kk law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before odmission) o. COUNTY o. STATE **b** COUNTY Baltimore Alleghany Maryland MARYLAND c, LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Catonsville 17vrllmth18dys Cumberland, Maryland a completely filled in by e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS papers 2 Bedford Hoad GROVE STATE HOSPITAL SPRING YES NO M ddle 4 DATE 3 NAME OF First Month Doy Year DECEASED Clara July Belle Simmons 26 19 67 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 8. DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** birthdoy) Months Doys Hours Jan. 31, 1897 DIVORCED WIDOWED female white 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? West Virginia factory laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Albert D. Shields Elizabeth Williams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16 SOCIAL SECURITY NO. Address 215-14-6278 STATE unknown Records: SPRING GROVE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Pneumonia IMMEDIATE CAUSE (o) signed by **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. 412 X DUE TO **b**urial, Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? Arteriosclerotic cardiovascular disease NO A fo 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200. ACC DENT WAS JNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detoched 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Not While foctory, street, office bldg , etc.) ot work 21. I certify that (t) (this haspital) attended the deceased fram Sept. 1 19 18 to July 26 19 67 that 11) (we) last July 26 19 67, and that death accurred at 3:10 M, fram causes and an the date stated abave. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING 7-26-67 X M.D DIRECTOR PHYS 22d. ADDRESS SPRING GROVE STATE HOSPITAL 22c PHYSICIAN S Stella Wachsler, M.D. NAME (Type) Baltimore, Maryland 21228 director, 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF Anatomy Board of Maryland 8-22-67 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) DATE 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COHNTtimore b. COUNTY hours after Balto. MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Randallstown Randallstown Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS B. IS RESIDENCE 8609 Dovedale Road ON A FARM? 24 8609 Dovedale Road NO P YES MILL within NAME OF First Middle Last DATE Day Mon th DECEASED Betty Smith OF July 16 Maa 67 DEATH (Type or print) 19 executed and con 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. iast birthday) Months | Oays | Hours | Min. 7. MARRIEO ev NEVER MARRIED May 10, 1950 WIOOWED [DIVORCED yrs. attending physician a ermit. Then please re on, or removal, and in 10a. USUAL OCCUPATION (Give kind of work done | 11. BIRTHPLACE (County & State, or foreign country) 10b, KINO OF BUSINESS OR 12. CITIZEN OF WHAT requires that the death certificate be during most of working life, even if retired) INCUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John P. Smith Edna Thompson transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) John P. Smith 8609 Dovedale Rd. Randallstown no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the the burial-transit por to burial, cremati INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate OHF TO cause (a), stating the underlying cause last. CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY After this certificate his be detached for use State Dept. of Health for use Health PERFORMED? YES [NO V 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d Not While 19 at work at work p.m. 21. I certify that ((I) this hospital) attended the deceased from 19.63 to DIRECTOR: age 3 should lied with the and that death occurred at 3 A. from the causes and on the date stated above. saw the deceased alive on_ 22a. SIGNATURE 22b. OATE SIGNED 7/17/67 M.D. DIRECTOR PHYS. TO FUNERAL PHYSICIAN' John J. Darrell, M.D. Liberty Ed. Randallstown, Md BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Cokesbury Memorial Meth. Harford Co. Md. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ACORESS 21206 REC'O BY REGISTRAR Ullrich Funeral Home 4210 Belair Rd. Balto VR A15 (4) 20M 1/65



	09318 CERTIFICATE OF DEATH	112	517
	PLACE OF DEATH COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate fimits, write RURAL and give nearest town) 2. USUAL RESIDENCE (Where deceased lived, if institute.) B. COUNTY MARYLAND C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	Baltim	ore
	TOWSON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS d. STREET ADDRESS		o. IS RESIDENCE ON A FARA
	NAME OF First Middle Last 4. DATE Month OF	Day	Year
	last birthday) Mo	7 NDER 1 YEAR nths Days	19 IF UNDER 24 HR Hours Min.
10a do		12. CITIZEN	DF WHAT COUNTE
13.	Salesman Baltimore Md FATHER'S NAME 14. MOTHER'S MAIDEN NAME	<u>AEU</u>	
15. (Ya	Peter Smith Was DECEASED EYER IN U.S. ARMED FORCES? Address Address Address Address Address Margaret Margaret Address Address	5	-
	PART I. DEATH (Enter only one cause par line to (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gever rise to immediate cause (a), stating the underlying DUE TO ASSEMBLY DUE TO ASSEMBLY DUE TO ASSEMBLY DUE TO ASSEMBLY ASSEMBLY DUE TO		ITERVAL BETWEEN NSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART T(a)	19. WAS AUTOPS PERFORMEDS YES NOX
	2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part 1 or Part 11 of Part 12 of Part 11		
	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2Ds. PLACE OF INJURY (Home, farm, 2Df. (City or town) Hour a.m. Whila Not Whita factory, streat, office bldg., etc.) p.m. 19 at work all work	(County)	(State)
	21. I certify that (I) (This hospital) attended the deceased from 11/10/61	., 19, on the d	ete stated abov
	22a. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIREC		7/31/67
23a	Robert Mahon, M. D. 204 E. Joppa Rd., Town of EURIAL, CREMATION, 236. Date THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or Bur 181") 8-2-67 Moreland Memorial Parkville, Ba	county)	(State)

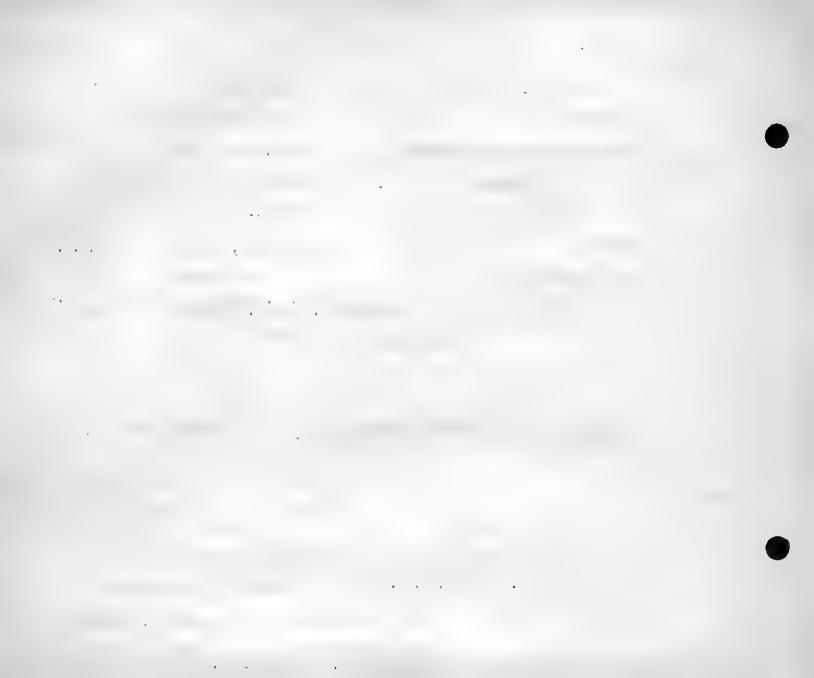
MARYLAND STATE DEPARTMENT OF HEALTH



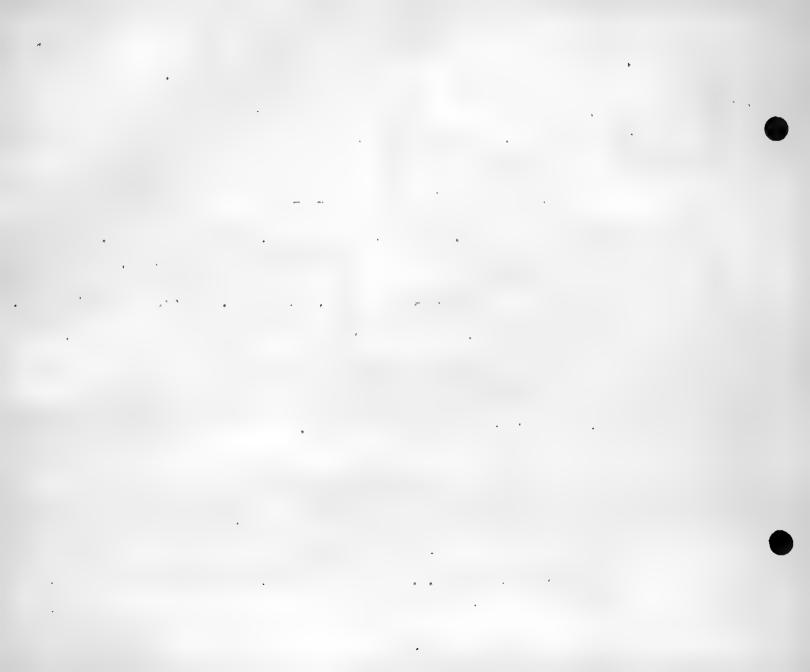
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09313 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTX MOR MARYLAND c CITY OR IDWN (If autsign corporate limits, write RURA, and give nearest tawn) c LENGTH OF STAY IN 16 b. CITY OR JOWN (If outside carparate limits. www.RURAL and give nearest fawn) filled in papers. d. NAME OF HOSPITAL OR INSTITUTION (If pat in haspital, give street address) d. STREET ADDRE e IS RESIDENCE ON A FARM? ontevided NO 💢 NAME OF carbon DATE Year DECEASED OF (Type or pant) DEATH 19 6 AGE (In years UNDER 6. COLOR OR RACE lost birthday) WIDOWED DIVORCED any. Can attending physician and permit. Then please rem 1Da USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) during most of working I fe, even if retired) langalR FATHER'S NAME burial, crematian, or remaval, 16 SOCIAL SECURITY NO (Yes, not or anknown) (If yes give war or dates signed by the a burial-transit pe INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY: ONSET AND DEATH RESPIRATORY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. 1651 DUE TO Conditions, if any, which gave ASE FROM rise to immediate cause (a), DUE TO stating the underlying couse this certificate has been detached far use as the te Dept, of Health priar ta PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICA WAS AUTOPSY PERFORMED? COMPRESSION. NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port , or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) directar, page 3 shauld be detache shauld be filed with the State Dept. 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form 20f (City or town) (County) (State) 20c TIME OF INJURY Month, Doy, Year Hour om. factory, street, affice bidg, etc.) Not While at wark 21. I certify that (I) (this haspital) attended the deceased from 19 and that death accurred at 1.550M FUNERAL DIRECTOR: saw the deceased alive on from causes and on the date stated above 22a. SiGNATURI 22b DATE SIGNED MED. DIRECTOR PHYS. 22d ADDRESS 22c PHYSICIAN'S NAME (Type) Balto. 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 9 INERAL JOIRECTOR



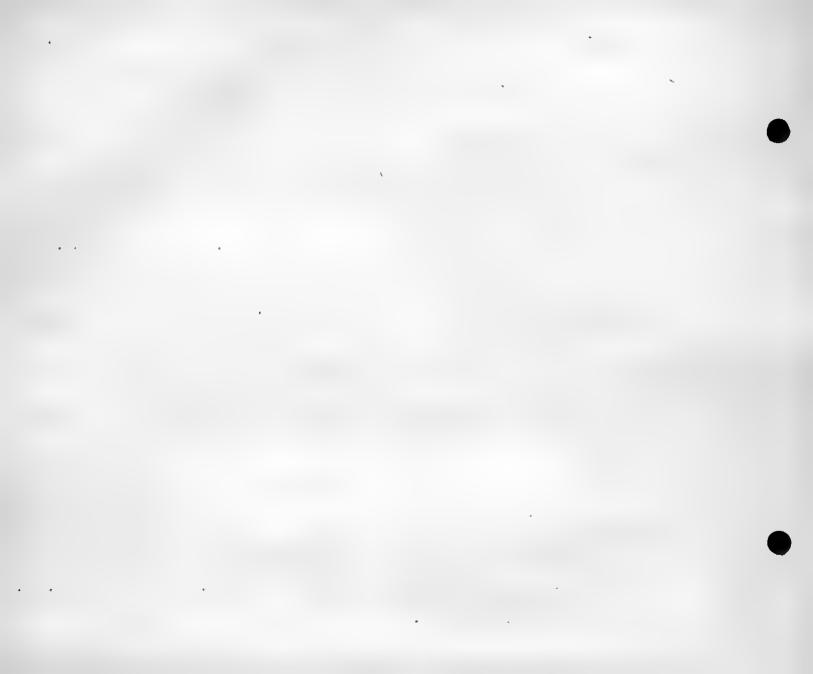
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09320 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY b. COUNTY o. STATE BALLTIMORE MARYLAND MARYLAND b CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) on papers. Pag within 72 haurs 34 DAYS BALTIMORE 21202 FORT HOWARD .⊆ d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? 912 ST. PAUL STREET VETERANS ADMINISTRATION HOSPITAL YES NO X NAME OF F+rst Middle Last 4 DATE Month DECEASED 0F 67 THEODORE K. SNOVELL JULY DEATH 19 9 AGE (In years 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH IF UNDER 1F UNDER 24 HRS lost birthdoy) Months Hours JANUARY MALE WHENDE WIDOWED DIVORCED E 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, ar foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? PIPE STREET HAGERSTOWN, MARYLAND U.S.A FREIGHT 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ANNIE NICHOLS WILLIAM SNOVELL IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Theo. K. Snovell-316 Roundhill Rd.-21043 (Yes, no, or unknown) (If yes give wor or dotes of service CLIN.RECORDS. VA HOSPITAL. FT HOWARD. MD. 216 07 burial, cremation, NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA, BILATERAL IMMEDIATE CAUSE (o). DUE TO buria Conditions, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying cause 19 WAS AUTOPS PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6) ANEURYSM, ARTERIOSCLEROTIC ABDOMINAL AORTA, OLD. PULMONARY EMPHYSEMA, DLD 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of myory in Part I or Part II of Hern 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF (NJURY (Home, form, (City or town) (County) (Stote) Hour om factory, street, office bldg etc.) Not While 21. I certify that (Ix(this haspita)) attended the deceased fram. and that death accurred at 1:30PM, fram causes and on the date stated above saw the deceased alive an 7/5/67 TO FUNERAL DIRECTOR: 22b DATE S GNED 22n. SIGNATURE 5 7/6/67 M D PHY5 PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S JOHN D. TALBERT, M. D. NAME (Type) VAH FORT HOWARD, MARYLAND director, should b 23b, DATE THEREOF 6/7/67 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 230 BURIAL CREMATION. (County) (Stote) BALTIMORE, MARYLAND BALTIMORE NATIONAL 2Sa. REC'D BY REG STRAR 25b. REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** Ochanles EDMONDSON AVE. BALLIMORE, MD



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Baltimore a. CDUNTY a. Sparcellville. Va.b. COUNTY hours after MARYLAND Towson CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Purcellville 3 days Towson d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? The Sheppard & Enoch Pratt Hospital Box 2h7 ND X YES be executed within 3. NAME OF Last Middle DATE Month Day Year DECEASED Charles G Souder 0/4 1967 (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED 3 NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. Alast birthday) Months | Days Hours 5-21-1.881 WIDOWER DIVORCED [nding physician a Then please re removal, and in a 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Co. Health Officer Borrowes, Indiana U.S. Physician death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Etta Myers Cloyd Souder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT been signed by the attenthe burial-transit permit. It to burial, cremation, or it (Yes, no, or unknwn) (If yes give war or dates of service) Yes Army Wife. Theodate W. Souder, Purcellville. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. Congestive Heart Failure 2 days DUE TO Conditions, If any, which years Arteriosclerotic heart disease gave rise to immediate has been as the l DUE TO cause (a), stating the underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) WAS AUTOPSY certificate hather the control of Health p PERFORMED? NO DO YES [Chronic brain syndrome due to senility. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II) of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work to July li DIRECTOR: Ai age 3 should lied with the S 21. I certify that (I) (this hospital) attended the deceased from July 1967 that (I) (we) last 19 67 and that death occurred at 1:30% from the causes and on the date stated above. saw the deceased alive on July 22b. DATE SIGNED 22a. SIGNATURE director, page should be filed to July 4. 1967 PHYS. DIRECTOR O HOSPITAL Page 4 may FUNERAL PHYSICIAN'S 22d. **ADDRESS** NAME (Type) Rolfe B. Finn. The Sheppard & Enoch Pratt Hospital NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 1 23b. 01 REMOVAL (Specify) RECID BY REGISTRAR REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** VR A15 (4) DATE 20M 1/65



1		Division of STATISTICA		MARYLAND STATE D				AND 21201
4 2 20		09322 Item #3 Film	#639	CERTIFICAT	E OF I	DEATH		69321
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ed within 24 hours after pletely filled in by the fucation papers. Pages 1 ent, within 72 hours after		b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Kingsville		c. LENGTH OF STAY IN 16		R TOWN (If autside c	orporate limits, write RUR	AL and give nearest tawn)
lled in 72 ho		d. NAME OF HOSPITAL OR INSTITUTION (If not in I Rt#1 Box15 Belair F		ive street address)	li .	rsville 21 ADDRESS 1 Box 15	"elair Road	e IS RESIDENCE ON A FARM? YES NO
ecuted within 24 completely filled nove carbon pape y event, within 77.	3	NAME OF First DECEASED (Type or print) Fran		Middle Web:	ster w	ost 4. D		Doy Year
executer and compl remove s	5			NEVER MARRIED DIVORCED	8. DATE OF		9. AGE (In years last birthday) 61. Yrs	Months Days Hours Min
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death tending rmit. I	15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? as, na, or unknown) (If yes give war or dates at serv NO	ice) 16 S 21		informan	T	Addressett Rt#1 F	s Kingsville, M
equires that the deoth certificate be exec physician. signed by the ottending physician ond cc burial-transit permit. Then pleose remo burial, cremotion, ar removal, and in ony		18. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)						ONSET AND DEATH
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause	Gen	eralized Meta	stassi	is		2 yrs
ne law intending as been as been as the prior to	_	PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING T	O DEATH BUT NOT RELATED TO	THE TERMIN	AL DISEASE CONDITION	N GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
IAN: The old of or o old or o old or old or old or old or old or use the old of old	CERTIFICATION	20a. ACC DENT WAS UNDERLYING []	20b. DES	SCRIBE HOW INJURY OCCURRED). (Enter notu	re of injury in Port I	or Port II of item 18.)	YES NO
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O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospitol or ottending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		saw the deceased alive on Ju	My 2	1.001	ot death of ATTENI			and an the date stated obove
PITAL O may be RAL Dil r, poge		12c PHYSICIAN'S NAME (Type) S. Edwin Mu	ller			ADDRESS	St. Paul St	reet Balto. Md.
TO HOSPITAL Page 4 may TO FUNERAL I director, pog should be fil	23	Burial, (REMATION, REMOVAL (Specify) 7-26-196		St. Stephen		tery	oradshaw,	Maryland
VR A15 (4) 7 20 M 1/66	$\int_{-\infty}^{2}$	Burjaz 17-20-190	700	ADDRESS 7401 B. Laur	36 Rend	2Sq. RECD BY R		Claricy Ympel



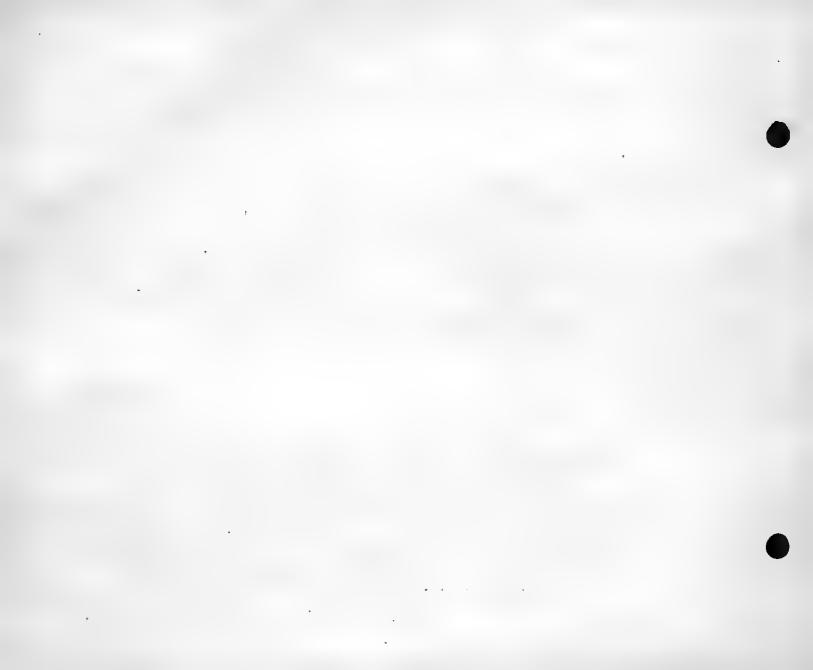
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09322 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) funero o. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) ve corbon popers. Page event, within 72 hours at write RURAL and give nearest town) Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 5228 Cromarty Road St. Joseph Hospital YES NO X NAME OF 4. DATE First Middle Month Doy Year DECEASED OF DEATH Strong 19 67 Baby Boy July (Type or pont) S SEX AGE (In years IF UNDER 1 YEAR B DATE OF BIRTH IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) 7-8-67 Hours Male white WIDOWED DIVORCED 10o. USUAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, eyen if retired) INDUSTRY Baltimore Co. Md. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME bur.al, cremation, or removo Robertson, Dolores, Richard B. Strong 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Mother - Dolores Strong - same 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY. INTERVA, BETWEEN signed by the burial-tronsit ONSET AND DEATH Immaturity IMMEDIATE CAUSE (o). Page 4 may be retained by the hospital or attending physicion. DUF TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse DIRECTOR: After this certificate has been should be detached for use as the with the State Dept, of Health prior to (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? CATION NO 200 ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) (County) (Stote) 20c. TIME OF N.JRY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) Not While of work of work 19 67, to 7-8 1967 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 1967, and that death occurred at4:35PM, fram couses and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b DATE SIGNED 7-8-67 X DIRECTOR M.D PHYS director, page should be filed 22d ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) 7620 York Road, B ltimore, Md. 21204 M.D Jose A. Aguto. 23c NAME OF CEMETERY OR CREMATORY

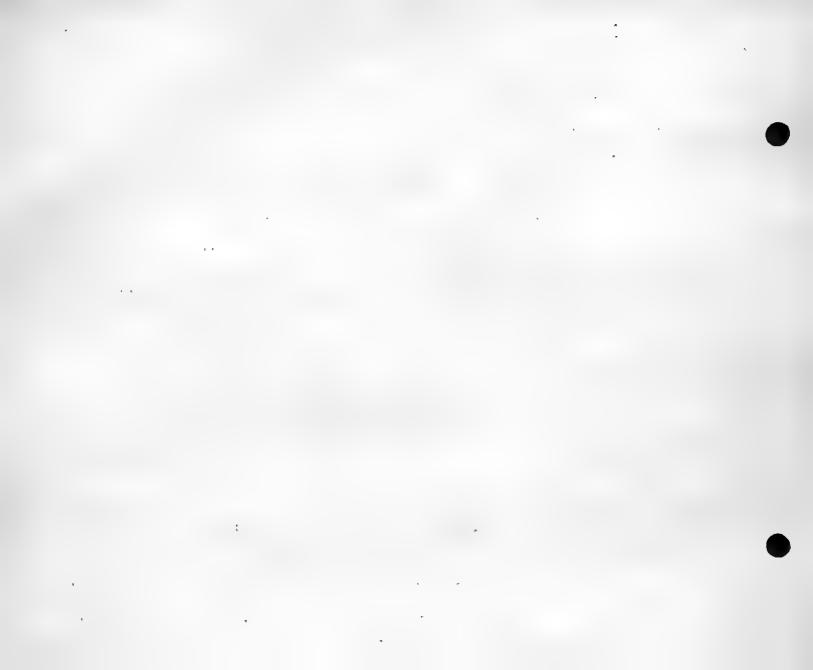
Meadowridge Cemetery 23b DATE THEREOF 23d_LDCATION (Cty or Town) Md (County) (Stote) 230 BURIAL, CREMATION 7-12-67 2 25b REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH funerol Y and 2 Er Beath. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Maryland Baltimore b. CITY OR TOWN (If outside carparate limits, c CITY OR TOWN (If outside corparate fimits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. Catons VIII RAKKHAKAX KAKAK KXKXXXXX Catonsville oon papers within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? .⊆ d. STREET ADDRESS filled 1209 Camberwell Rd. 1209 Camberwell Rd YES NO remave carbon NAME OF Middle 4 DATE OF Month First Day Year ond completely Helen. DECEASED XXXXXXX V . Sullivan (Type or print) DEATH July. 19 67 DATE OF BIRTH AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last pirthdoy) Months Days Haurs 9-3-1898 WIDOWED DIVORCED Female White 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT eose COUNTRY? INDUSTRY physicion oup Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal. signed by the ottending phy burial-tronsit permit. Then Donnelly John Sullivan IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no. or unknown) If If yes give war or dates of service Mr. Edgar Schmanske, 1209 Camberwell Rd buriol, cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH MISSECTIMEL IMMEDIATE CAUSE (a) Page 4 may be retoined by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUF TO stating the underlying cause oe aeroched far use as the State Dept. of Health prior to has been 11155 120 lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? NO 20g ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (County) 20c TIME OF INJURY Month, Day, Year (City or town) (State) Haur a.m. factory, street, affice bldg, etc.) at work of work 21. I certify that (1) (this hospital) attended the deceased from, ., 19<u>47</u>, that (1) (we) last saw the deceased olive on. 1967, and that death accurred at 57 2 M. from/causes and an the date stated above. 220. SIGNATURE 22b DATE SIGNED **ATTENDING** director, page 3 should be filed v M.D. TOTRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. John Shaw 5800 Edmondson Ave. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) REMOVALIPREDITALT New Cathedral Cemetery Baltimore, Maryland 7-20-1967 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 4107 Wilkens Ave. 21229 Howard H. Hubbard





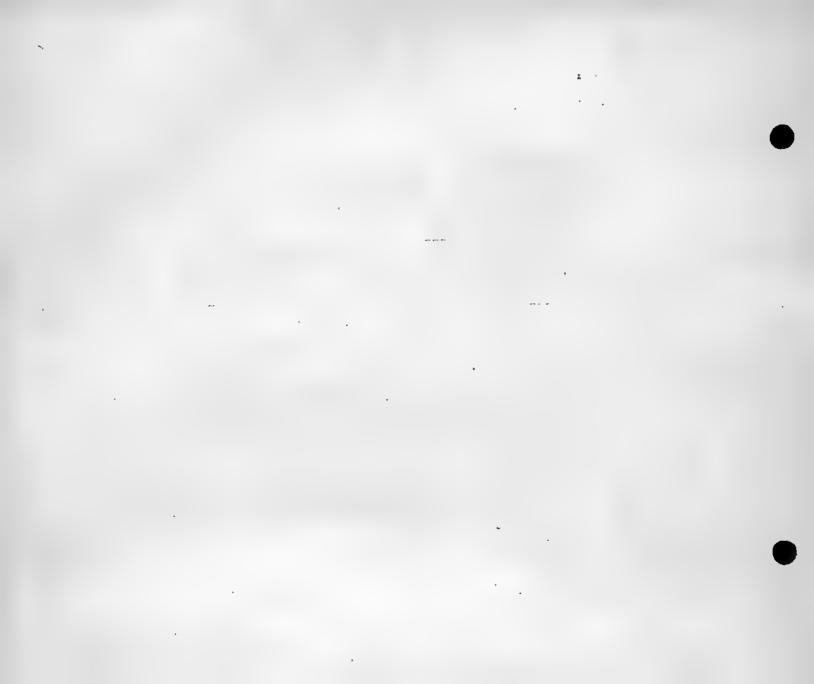


	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, are	rise to immediate couse (a), storing the underlying couse (b) DUE TO (c) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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ING PH by the h ter this se detact tate Des	20c TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19 20d INJURY OCCURRED Store Floring (County) Yhile of work of
OR ATTENDING PHYSICIAN be retained by the haspital of SIRECTOR: After this certifical is should be detached for ed with the State Dept. af He	21. I certify that (I) (this hospital) attended the deceased from 19 19 10 1, to 19 1, 19 10 1, that (I) (we) saw the deceased alive on 19 1, and that death occurred at 220. SIGNATURE 1220. DAJE SIGNED
AL OR AL OR AL DIRECTOR DIRECTOR AL DIRECT	22c. PHYSICIAN'S NAME (Type) ATTENDING MED DIRECTOR DIRECTOR PHYS. 22d. ADDRESS BC 3-4
TO HOSPITAL Page 4 may TO FUNERAL director, page shauld be fire	230 BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
Q Q Q VR A15 (4)	REMOVAL (Specify) BURIAL 7/5/67 NEWHAR SINAI GARRISON, MARY LAND 24. FUNERAL DIRECTOR ADDRESS 250. REC'D, BY REGISTRAR'S SIGNATURE ADDRESS 250. REC'D, BY REG
20 M 1700 VIII	SOL LEVINSON & BROS. INC., 6010 REIST., RD. DATE



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH p. COUNTY b. COUNTY MARYLAND Baltimore Marvland Baltimore b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Towson. Baltimore Co. 27 27 2 Raltimore d STREET ADDRESS Forge Road d NAME OF HOSPITAL (If not in hospitor give street address) e. IS RESIDENCE OR INSTITUTION Armacost Nursing Home Reflister /& /Sherwood Ave YES IN NO I 4. DATE NAME OF Middle Month DECEASED RENSON, DEATH (Type or print) 19/0 5. SEX 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdovi Months Doys Hours Female White Dec. 29, 1892 74 yrs. DIVORCED | WIDOWED | 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Homemaker USA 2 A17/15028 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Geo. M. Benson Virginia Stevens 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address John R. Sytton, Jr-221 Rodgers Forge Rd no 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o 442 1 DUE TO Canditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19 WAS AUTOPSY PERFORMED? YES TO NO F 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form Dov. Year 20d. INJURY OCCURRED 20f (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not white ot work ot work p. m. 21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an. and that death accurred at 30M, from the couses and an the date stated above 22a SIGNAPURE ATTENDING DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Charles F. O'Donnell 7501 York Rd. -12 FUNER/ 230 BURIAL, CREMATION, 23b, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) REMOVAL (Specify) Buria Druid Ridge Cem 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRA GISTRAR'S AIGNATURE Mitchell-Wiedefeld Home, Inc. 6500 York Rd. 21212041

15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09329 CERTIFICATE OF DEATH within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b COUNTE Balto. o.Balto. Maryland MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (f outside corporate limits, write RURA, and give nearest town) b City OR TOWN (If outside corporate limits. Randa Listown 8 Mo. Randallstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 3803 Collier Road 3803 Collier Road YES NOX NAME OF M.ddle 4. DATE First Last Month Day Year ompletely ve carban DECEASED OF DEATH Paul Sutton July 19 67 (Type or print) law requires that the death certificate be executed IF JNDER 1 YEAR IF JNDER 24 HRS. B DATE OF BIRTH AGE (In years S. SFX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last-birthday) Manths Davs March 6, 1920 Male White DIVORCED [MIDOWED and in any 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if ret red)
Benefit Examiner LOUSTRY? INDUSTRY Cordova, Maryland Social Security 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar removal, Bessie Briddell John W. Sutbon IS WAS DECEASED EVER IN US ARMED FORCES?
(Yes, no, or unknown)

(If yes give wor or dotes af service) 3803 Colliter Road 17 INFORMANT 16 SOCIAL SECURITY NO Mrs. Doris Sutton Randallstown, Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), one (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (a) LUI DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse as the prior to b lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 100 V 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Doy, Year Not While Hour a.m. factory, street, affice blda., etc.) at work , 19 65 , that (I) (We) los . 19_65 ta_ 21. I certify that (I) (this hespitel) attended the deceased from 19 67, and that death occurred at 5 AM, fram causes and on the date stated above sow the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. **ATTENDING** M.D DIRECTOR PHYS 22d ADDRESS Ronald Berger, M.D. Md. Balto. PHYSICIAN'S NAME (Type) 21207 Liberty Rd. 23d LOCATION (City or Town) (County) (State)
Salisbury, Wicomico Co. Md. 23c NAME OF CEMETERY OR CREMATORY WICOMICO TEMOTIAL 230 BURIAL CREMATION 23b DATE THEREOF REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR **ADDRESS** VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09330 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o. COUNTY o. STATE h. COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (if autside carparate i mits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURA, and give nearest town) L DAYS BALTIMORE FORT HOWARD d. NAME OF MOSPITAL OR INSTITUT ON (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 580 WEST BIDDLE STREET VETERANS ADMINISTRATION HOSPITAL YES NO DE NAME OF Middle 4. DATE First Lost Month Doy Year DECEASED OF DEATH 19 67 EMANUEL TALLIE JULY (Type or print) GEORGE AGE (In years JE UNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthdoy) Months Days GWOODW DIVORCED MATE NEGRO 10o JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b K ND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? CULPEPPER. VIRGINIA U.S.A. ENTERTAINER BUSINESS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE TALLIE BELLE PARKER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 12 97 99 CDINICAL RECORDS, VAH. FT. HOWARD, MD. YES INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. PNEUMONIA IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove ARTERIOSCLOROTIC HEART DISEASE YEARS rise to immediate couse (a). DUF TO stoting the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPS PERFORMED? CERTIFICATION NO I 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part : or Part il of item 18) 2Do ACCIDENT WAS JNDER, YING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, 2Dc TIME OF INJURY Month, Doy, Year Hour o.m. 2Dd. INJURY OCCURRED 2Df. (City or fown) (County) (Stote) Not While While factory, street, office bldg., etc.) of work ot work 21. I certify that \$3 (this haspital) attended the deceased from JUNE 29, 1967, to JULY 3, 1967, that \$3 (we) last saw the deceased alive an JULY 3, 1967, and that death accurred of 7:35 BM, from causes and on the date stated above 22b DATE SIGNED 22o. SIGNATURE ATTENDING STAFF 7/4/67 DIRECTOR PHYS 22d. ADDRESS 224 PHYSICIAN'S MUSTAFA H. ADATEPE, M.D. VA HOSPITAL, FORT HOWARD, MARYLAND NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 230 BURIAL CREMATION 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) 7/7/67 Baltimore National Baltimore re Maryland
25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR-24. FUNERAL DIRECTOR

DATE

Balto, Md

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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After this certificate hid be detached far use set as State Dept of Health

FUNERAL DIRECTOR:

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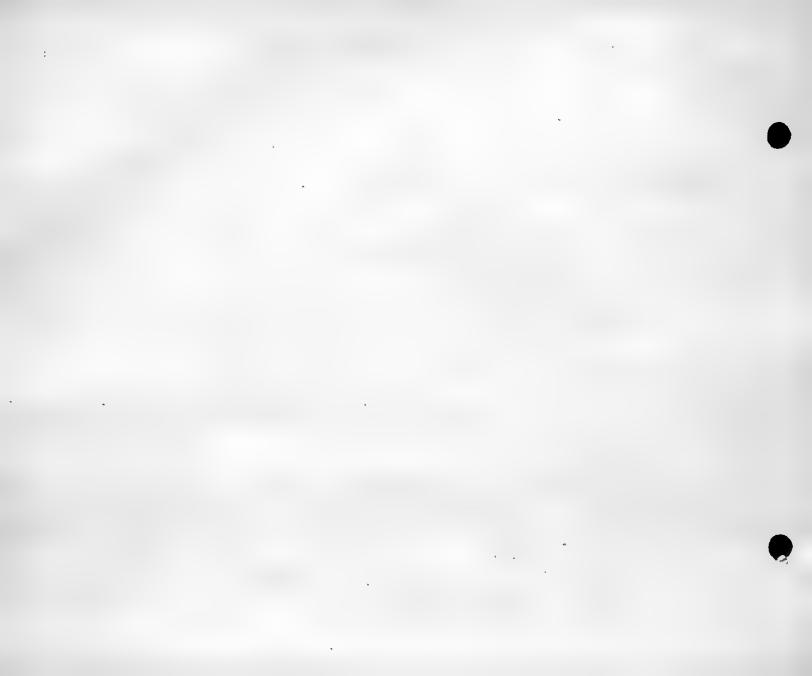
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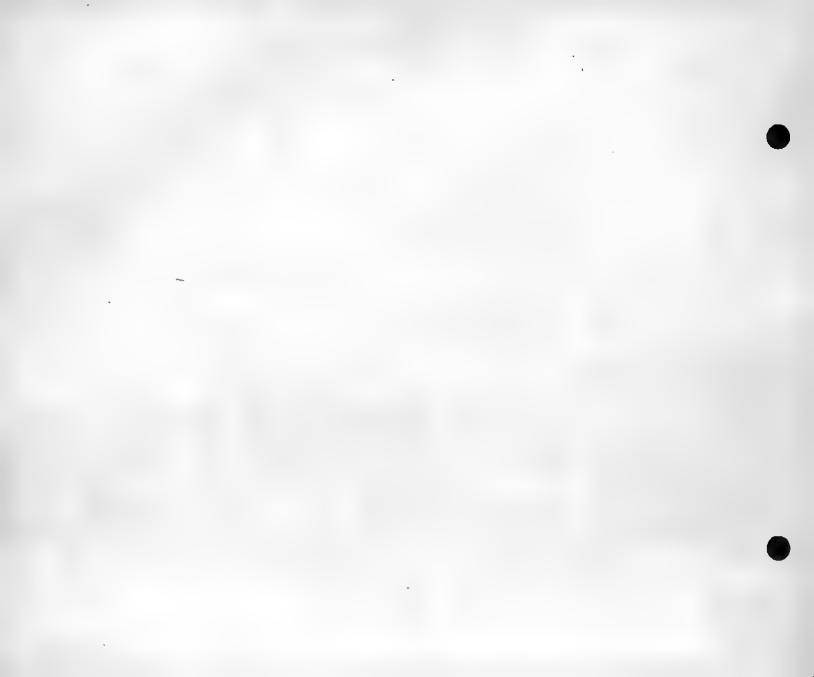
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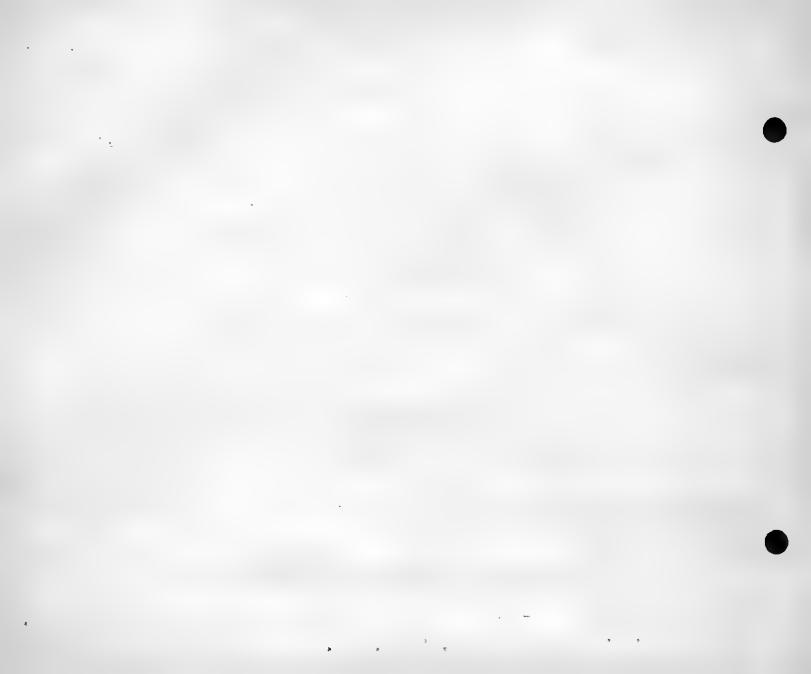
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the deoth certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY MARYLAND CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURA, and give nearest town ockeysu d STREET ADDRESS ON A FARM? NO X NAME OF Last DATE Manth Doy Year OF DEATH DECEASED (Type or print) AGE (In years last buthday) SEX IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH JF UNDER 24 HRS гетпоче Months MIDOWED 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 10a, LSUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) IND1.STRY COUNTRY. timore, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending phy IS WAS DECEASED EVER IN L.S. ARMED FORCES? (VD. (Yes, na, or unknown) ((fyes give war or dates of service) 16. SOCIAL SECURITY NO INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) 4200 DUE TÓ Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been of Health prior to as the WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use CERTIFICATION NO 🔯 by the hospital or 20a ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Manth, Day Year 20d INJURY OCCURRED 20s. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) factory, street, affice blda., etc.) Nat While at work 21. I certify that (I) (this hospital) Ottended the deceased fram and that death accurred at saw the deceased alive an from tauses and an the date stated above. 22a SIGNATURE 22b DATE SIGNED ATTENDING MED X director, page 3 should be filed v DIRECTOR PHYS M.D. PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City at Tawn) (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1050 YORK OWSON INC. Towson, Md. 21204



		00000			ECORDS, 301 W. PRESTOI CERTIFICATE			00	331
ı		09332) #		CERTIFICATE				
ı	1	PLACE OF BEATH COUNTY Exitimon CITY OF TOWN OF				2. USUAL RESIDENCE 0. STATE	(Where deceosed lived, if institute b. COUI		fore odmission)
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	<u>_</u>	w	First		Middle	Belfast I	YOAD Mont	h D.	YES NO Year
	J.	NAME OF DECEASED (Type or print)	Nell		MODIE	Taylor	OF DEATH 7	יו יי) 19.67
	5			7 MARRIED	NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS
		Female	Negro	WIDOWED	DIVORCED	6/6 1905	last birthday)	Months Days	Hours Min.
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I	13.	PATHER'S NAME	0 1 -	11		14. MOTHER'S MAIDEN			
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		19 CANCE OF DE	ATH (Enter only one cause		(N) (N) and (N)	upuld 10	yla Spice	170,1	NTERVA, BETWEEN
l		PART I DEATI	H WAS CAUSED BY.	II	emic coma	V			ONSET AND DEATH
ı		260X	IMMEDIATE CAUSE (o	2		/** **			
ı		Canditians, if any,	which gave) (h	Ner	phrotic syndrom	e (K-W s	yndrome)		
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	L CERTIFICATION	OR CONTRIBUTING ((IF EITHER, NOTIFY N	CAUSE OF DEATH	200 01	THIS HOW MONT OCCURED (and natore a milary	a roar roar roar roar roar		
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		2) certify	y that (<u>\</u> (this haspi ceased alive an <i>2</i> ∠	ital) atteni	ded the deceased from 22		1967 , ta 7/20 15:10pM, from causes		that (% (we) last
I		220. \SIGNATURE	ceased alive an 22	20	17 <u>D.Z.,</u> dild litter	deoin occurred c		226 DATE SIG	
ı		THE	- Nomanie	ca	M.D.	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	1	
		22c. PHYSICIAN'S	- · (V.		W D	22d. ADDRESS			
		NAME (Type)	Jaime 'Si	ngzon					
	230	BURIAL, CREMAT.O. REMOVAL (Specify)		EOF	23c NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City of To	wn) (Coun	oty) (State)
	230	REMOVAL (Specify)	0 7/24	EOF /47	23c NAME OF CEMETERY OR C	1,000	- 1 Barer	wn) (Coun	di



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09333 09332 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death death funeral s 1 and 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY a. STATE b. COUNTY hours after MARYLAND Pages c. LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town rhon pagers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO 🔤 NAME OF 4 DATE Middle Month Year Day completely DECEASED OF DEATH 196% (Type or print) ō and in any event S SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF JNDER 1 YEAR JNDER 24 HRS 7 MARRIED **NEVER MARRIED** remave birthday Days Haurs K WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most at work no life, even if retired COUNTRY? INDUSTRY 13. FATHER'S NAME 14 MOTHER'S MAIDEN burial, cremation, ar remayal, 15 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT permit. (Yes, na, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove (b) rise ta immediate cause (a), DUE TO stating the underlying cause as the prior tal has been last. (c) WAS ALTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) use director, page 3 shauld be detached far use shauld be filed with the State Dept. of Health NO this certificate 20a, ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year Haur a.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) factory, street, affice bldg., etc.) While Nat While O FUNERAL DIRECTOR: After 19 67 to JULY 2). I certify that (b) (this haspital) attended the deceased from JUL 1967, and that death accurred at 12:50 M, from causes and on the date stated above. saw the deceased alive an JU 22a SIGNATURE 22b DATE SIGNED ATTENDING STAFF M.D DIRECTOR PHYS 22d. ADDRESS ENTER REAT NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR-AL, CREMAT ON, DATE THEREOF (County) (State) Buria I Baltimore Cemetery 7-11-6 Baltimore. Md 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission o. COUNTY o STATE b COUNTY Baltimore MARYLAND Maryland Baltimore

c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) CLENGTH OF STAY IN 16 b CIY OR TOWN (If outside corporate mits. write RURAL and give nearest town)

Dundalk 12 Years Dundalk d NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Exominer's Office along with farm 853L Kavanagh Road 853h Kavanagh Road NO DE in Item 18, Give Pogem This certificate should be executed within 24 hours after death 3 NAME OF First M ddle Lost 4 DATE Month Year DECEASED 19 67 Trianosky July John N. (Type or print) DEATH 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARR ED 61 vrs Months 1/19/06 White Male in ony event within 72 hours ofter death WIDOWED D VORCED 11 BIRTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT Retired - Social Security Administration U. S. A. Pennsylvania pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael Trianosky Anna Danko IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT Wife) Adpondalk, Md. (Yes no, or unknown) (If yes once wor or dates of service) 160-03-2416 Mrs. Blanche Trianosky, 8534 Kavanagh Rd. IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) the certificate, writing the word DUE TO Conditions, fony which gove rise to immediate couse (o). DUE TO stoting the underlying couse PART I. OTHER SIGN, FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TON GIVEN IN PART 1(0) 9 WAS ALTOPSY PERFORMED? NO DC 20o EXTERNAL CAUSE WAS 20b DESCRIBE HO The poture of injury in Port I or Port II of Item 1B.) PRIMARY CONTRIBUTING CONTRIBUTING CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20c TIME OF NURY Month, Day, Year (City or town) (County) (Stote) foctory, street, office bldg , etc.) Not While of work at work 21. I certify that I took charge of the remains described above held on Autopsy . Inspection K. Inquiry K. and in my opinion Notural causes [3], Accident [7], Suicide [7], Homicide [7] Undetermined monner deoth resulted from. CRIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE FUNERAL DEPUTY MED CAL EXAMINER X 6800 Mornington Rd. EXAMINER'S lealth . Melvin B. Davis M. D. Address (Street city town, or county) Dundalk. Md. 21222 NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23d LOCAT ON (City or Town) (County) 50 Burlal (Saec fy) 7/6/67 Baltimore, Md. Holly Hill Mem. Gardens Cem. 24 FUNERAL DIRECTOR VR A 15ME (5) John J. Duda. 7922 Wise Ave. Dundalk, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

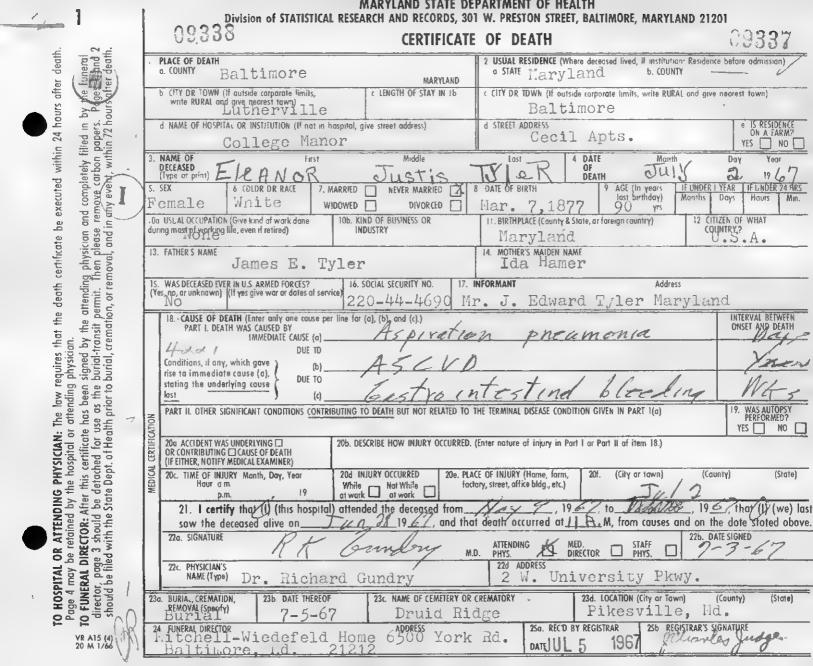
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09335 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours and give nearest fown) CATONS d STREET ADDRESS e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled i within YES NAME OF Middle DATE Lost Year Day completely DECEASED OF DEATH (Type or print) 202 SEX AGE (In year IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** lost birthday) Months Doys Hours WIDOWED ond in any 10b, KIND OF BUSINESS OR 10a USJAL OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT during most of working life, even if returned 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, SPANO WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service 119 MT. RIDGO Rd. crematian, 18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH (b), and (c).) IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (6) rise to immediate couse (a), DUE TO for use as the to Health prior to b stoting the underlying couse hospitol or attending this certificate has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO. 20o. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH. (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c TIME OF NJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) factory street office bidg etc Hour a.m While 21. I certify that (I) (this hospital) attended the deceased fram 67, and that death accurred on the date stated above TO FUNERAL DIRECTOR: hM Oram causes and sow the deceased alive an 22a SIGNATUR DATE SIGNED ATTENDING STAFF PHYS DIRECTOR director, poge 3 should be filed v M.D. PHYS 22c. PHYSICIAN 22d. ADDRESS O HOSPITAL NAME (Type) 23o. BURIAL, CREMATION CEMETERY OR CREMATORY 23d REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67





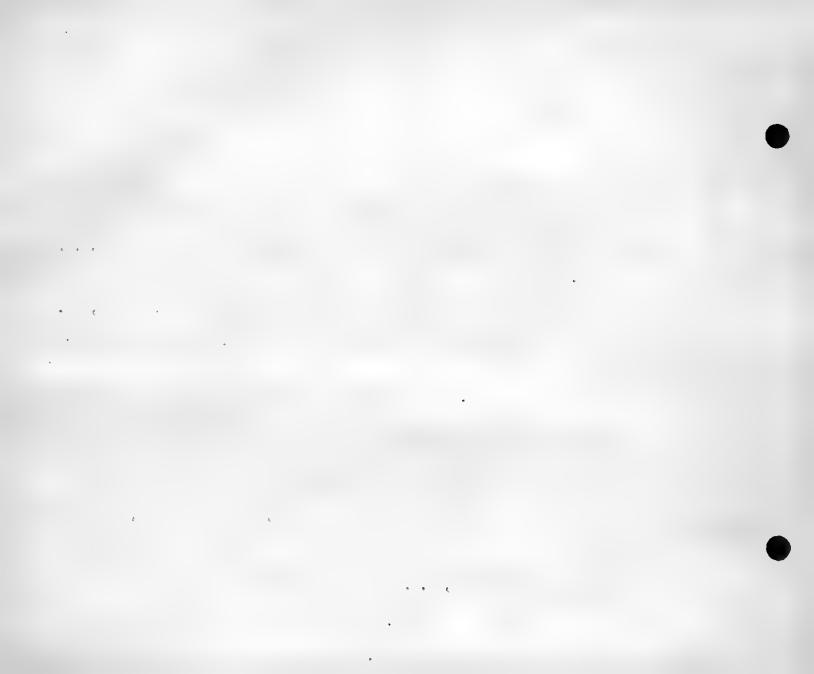
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Baltimore 24 hours after Maryland Baltimore MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) oon papers. Pag within 72 hours Ξ filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Old 420 Old Trail NO EX executed within and completely carbon NAME OF Middle Last DATE Year DECEASED OF DEATH (Type or print) Lawrence W. Tuohy 196 physician and come en please removes and in any eve 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) | Months | Days Hours Male White Nov. 22,1898 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT requires that the death certificate be COUNTRY? Clerk Baltimore, Maryland U.S.A. attending phys srmit. Then plen, or removal, a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John J. Tuchy Katherine McGaw 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, no, or unknwn) (If yes nive war or dates of service) 218-22-0488 Mrs. Gertrude Same 18. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which **(b)** gave rise to immediate DUE TO cause (a), stating the for use as the Health prior t underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate YES T NO F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached for te Dept. of i 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part |) of Item 18.) be detacher State Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While After 19 at work at work should ith the ! 21. I certify that (I) (this hospital) attended the deceased from 1966 DIRECTOR: age 3 should led with the A.M. from the causes and on the date stated above. saw the deceased alive on. and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED page . DIRECTOR PHYS. may TO HOSPITAL TO FUNERAL PHYSICIAN'S director, p Rd. Baltimore. Lawrence York 23a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) New Cathedral Baltimore Maryland REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** itchell-Wiedefeld Home, Inc. VR A15 (4) 20M 1/65

1 ţ





MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS RESTON STREET, BALTIMORE 1, MARYLAND OF DEATH executed within 24 hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY b. COUNTY MARYLAND TOWN (If outside corporate limits, write RURAL filled in by 1 Pages 1 and b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 write RURAL and give nearest town) hours aft d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? completely YES NO P papers. 3. NAME OF 22 DATE Middle OF DEATM DECEASED (Type or print) 19 carbon 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 3 pue 7. MARRIED NEVER MARRIED Months event certificate WIDOWED physician remove 10a. USUAL OCCUPATION (Give kind of work (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, evan if retired) HC L'SE please .⊆ requires that the death the attending and Then removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unkown) (Ifyesgive war or dates of service) physician. INTERVAL BETWEEN been signed by 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). Ь ONSET AND DEATH PART I. DEATH WAS CAUSED BY, cremation, IMMEDIATE CAUSE (a) the burial-transit burial, cremation DUE TO aftending Conditions, if any, which (6) gave rise to immediate cause has **DUE TO** (a), stating the underlying cause last. hospital or After this certificate ä PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY 2 CERTIFICATION PERFORMED? 020 prior NO X detached for u 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by MEDICAL 2Dc. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR: State Dept. at work at work p.m. pe 21. I certify that (I) (this hospital) attended the deceased from..... plnods from the causes and on the date stated above.19. and that death occurred all saw the deceased alive on...... may 22a. SIGNATURI 22b. DATE SIGNED ATTENDING MED. O HOSPITAL FUNERAL with t DIRECTOR PHYS. PHYS. Page M.D. 22c. PHYSICIAN'S 22d. ADDRESS TO FUNE director, s NAME (Type) death. LOCATION (City, lows or county BURIAL, CREMATION, 236. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. REMOVAL (Specify) 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR VR 1115 (4), 7 DATE 20M S-63



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	CERTIFICATE OF DEATH Reg. Dist. No. 1934)
	CE OF DEATH COUNTY CO	on)
	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) THRNERS STATION 6545 TURNERS STATION	
*	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 205 BA/NRW 205 BA/NRW 205 BA/NRW 205 BA/NRW	FARM?
	EASED OF	967
. \	6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED 12/1884 9. AGE (In years last birthday) Months Days Hours	Min.
A	SUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (State or foreign country) Abore R Beth Steel Roxoboro N.C. U.S. A	DUNTRY?
	HER'S NAME UNK 14. MOTHER'S MAIDEN NAME PATTIE WAGSTASH	
	AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO RIFFORMANT Address Addr	J 5
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CONSET AND I	WEEN DEATH
	Canditions, if any, which pove rise to immediate (b)	
	ouse (a), stoling the <u>under-</u> ring cause last. DUE TO (c)	
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	Hour o. m. 19 While of work o	(State)
	I certify that a greended the deceased from Community of the North Section 19, that I lost sow the de	
	TUAL THALL SHATURE M.D. 105 M.D. 1	above. E SIGNED 7-1/
1	MYSICIAN'S THEO C. PAHERSON	
2	JRIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote AND UTUS Arbutas	id
(b)	NERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ORTON + Dyell 170/ Lauren June DATE JUL 1 2 1967 General June	ge.



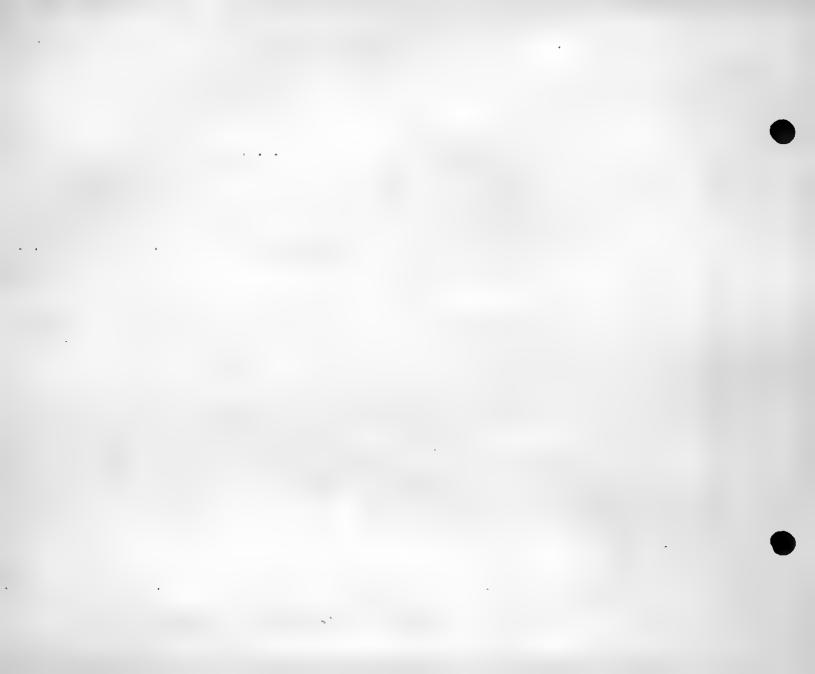
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 69341 09342 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY b COUNTY and 3 ta Page BALTIMORE Maryland Baltimore MARYLAND the State Department b CITY OR TOWN (If outside carporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) P.M3. write RURAL and give nearest town) Paarkville d street ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? alang with farm 9300 Corney Road 9300 Corney Road Give Pages YES NOX be executed within 24 hours after death NAME OF Middle 4 DATE First Month LOST Year DECEASED (Type or print) WILLIAM WALLACE DEATH July 7 MARRIED V 6. COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years NDFR 24 HRS S SEX NEVER MARR FD birthdoy) Months Doys Hours in Item 18. Male White 8-21-25 WIDOWED 10b. KIND OF BUSINESS OR 100 US_ALOCCUPATION (Give kind of work done during most of working life, even if retired) 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT **COUNTRY? NDUSTRY** "pending" in pencil in Cemetery Alabama. IIS A and in any event within 72 hours aft 13 FATH Garage taker 14. MOTHER'S MAIDEN NAME George F. Wallace Dollie ***** IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service 17 INFORMANT 16. SOCIAL SECURITY NO Address Yes Family Records INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Arteriosclerotic heart disease IMMEDIATE CAUSE (o) please execute the certificate, writing the ward ' I drectar. Page 4 should be farwarded to the Ch' This certificate shauld DUE TO Conditions, if ony, which gove (b) rise to immediate cause (a), DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? cremotian, or removal, PART II. OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAV DISEASE CONDITION GIVEN IN PART 1(6) CERT F CATION YES X NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port 1 of Item 18) 3 shauld PRIMARY I or CONTRIBUTING I CAUSE OF DEATH MEDICAL 20c T ME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home form, 20f (City ar town) (County) Haur o.m. foctory, street, office bldg , etc.) Not While While of work of work 21 I certify that I took charge of the remains described above, held an Autopsy [X]. Inspection Inquiry ond in my opinion Noturol causes & Homicide deoth_resulted_from: Accident Su cide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior SIGNATURE DEPUTY MEDICAL EXAMINER Charles S. Springate, M.D. **EXAMINER'S** July 7, 1967 NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b. DATE THEREOF 23d LOCATION (City or Town) (County) 50 Burial 7/10/67 Parkwood Cem. Balto Md REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 250 REC D BY REG STRAR VR A15ME (5) C.F.EVANS & SON 8802 Harford rd. 6M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Baltimore Maryland Queen Anne MARYEAND c. LENGTH OF STAY IN 15 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest towal 11 mos. Churchill Wed in d. STREET ADDRESS e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Rosewood State Hospital R.F.D. YES T NO #25 3 NAME OF Middle 4 DATE Doy Last Month Year bar ī completery DECEASED OF Cynthia WALLS 20 Louise 67 19 (Type as print) DEATH S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Months Hours DIVORCED 5-2-66 Female White WIDOWED rem Land in an and 10a USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) **COUNTRY?** during most of working life, even if retired)

Dependent INDIISTRY U.S.A. Queen Anne County, Md. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM ar removal Thomas Walls 15. WAS DECEASED EVER IN U.S. ARMED FORCE S? 17. INFORMANT 16 SOCIAL SECURITY NO. Address signed by the attendir burial-transit permit. (Yes, no, or unknown) (If yes give war ar dates of service) Rosewood Records, Owings Mills, Maryland no none crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) MENINGOMYELOCUELE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DUE TO burial, (Canditions, if any, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse as the prior to b FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? MEDICAL CERTIFICATION of Health FOR19ATION YES 🗔 NO 20 for 206 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18 OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache should be filed with the State Dept. 20e PLACE OF INJURY (Hame, farm, (City or fown) (County) (Stote) 20k TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg. etc.) Haur o.m. Not While at work shauld be 21. I certify that W (this hospital) attended the deceased fram 66 19 ... that (II (we) last and that deoth occurred at/1.107M, from causes and an the date stated above. saw the deceased alive on 220-SIGNATURE DIRECTOR M.D. PHYS 22d ADDRESS 22c. PHYSICIAN S NAME (Type) Placido V Rosewood State Hosp., Owings Mills, Md. . J. Macaraeg, Jr. (County) BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) DATE THEREOF REMOVAL (Specify) 2Sq. REC'D BY REGISTRAR 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



38	1	Item 18 Film 391 8-14-6 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201											
	FOR STATE						CERTIFICATE OF DEATH					09343	
	HEALTH DEPTY I		PLACE OF DEATH OCCUPITY BALT	IMORE		MARYLAND	e. STATI	^E Maryl	and	P CON	BALT	efore admission	
_	f any delay is 1, 2, and 3 ta m PM3. Page Department of		write RURAL and a ve pearest tawn)					CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balto, ************************************					
			d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)				d STREET ADDRESS					e IS RESIDENCE ON A FARM?	
	To To		Jarrettsvill			24 1 11	. 12	Milfor				YES NO IX	
	ofter death is Giver Tages, along with the Stere		NAME OF DECEASED Type or print)	First MARY		Middle SHIRLEY	los TAW	T	4. DATE OF DEATH	July		Doγ Year 7, 167	
	6. = 5	5 S		1	MARRIED XX	NEVER MARRIED []	6-18-1		9 Al	GE (In years ist birthdoy) 35 yrs	Months Do		
	haurs o Item 18 Office al I and 2 w	10o	USUAL OCCUPATION (Give king most of working life, ever	ind of work done	10b KIND	OF BUS NESS OR		HPLACE (State or			12 CITIZES COUNT	N OF WHAT	
	24 in lin liris (ir.s (C1	erk		11100	d bezz d		timore	A47	-	USA		
	within 24 penal in xaminer's ile pages hours afte		FATHER S NAME	D			14. MOTH	ER'S MAIDEN NA		1			
	win win be Exar	K	aymond B.	Dorn	l 12 coc	THE STOUBSTY NO. 12	INFORMANT		Stenge	Addre			
	This certificate should be executed within 24 haurs is cate, writing the ward "pending" in pencil in Item 18 be farwarded to the Chief Medical Examiner's Office of be used as a burial-transit permit. File pages 1 and 2 viernaval, and in any event within 72 hours after death	(Ye	(Yes, no, or unknown) [(If yes give wor or dates of service)										
			NO IB CAUSE OF DEATH (E	nter only one rouse r	per ne for (o)		HIII	wall-C	Jakian	a Rasb	y RC B V L	NTERVAL BETWEEN	
	should be e ne ward "per o the Chief ! burial-transit		PART ! DEATH WAS	CAUSED BY: MMEDIATE (AUSE (o).	/Æ	atty/nie/t/anoi	phosis	/9F/1/1X	jet/			ONSET AND DEATH	
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		MEDICAL	20c. TIME OF INJURY Ma Haur a.m. p.m.	nth, Doγ, Yeor 19	While of work	Not While [ACE OF INJURY	Y (Home, form fice bldg., etc.)	20f (0	ty or town)	(County	(Stote)	
			21. I certify that taak charge of the remains described above held an Autapsy 🗶 , Inspection 🔲 , Inquiry 🔲 , and in my apinion										
4	Sed for the Country of the Country o		death resulted fro	m Natural c	auses X,	Accident, Su	icide,	Hamicide [etermined m	anner 🔝		
	MED p ease direc retain DIRE		ACTUAL SIGNATURE	ul J.	of the	- The	_	HIEF MEDICAL EX SSISTANT MEDIC	_] [X]		22. DATE SIGNED	
	necessary, p ease es the funeral director. S may be refained for FUNERAL DIRECTOR. Health priar to burie			rles S. S	pringa	ite, M.D.		EPUTY MFDICAL Address (Street,		_	July	7, 1967	
	TO DE the f	230	BURIAL, CREMATION REMOVAL (Specify) BUTIAL	7-11-19		23c NAME OF CEMETERY O		neterv		iON (Cty or To		unty) (Stote)	
	100 42000 00		FUNERAL PIRECTOR)	<u> </u>	ADDRESS		250 RECD I	BY REGISTRAR	2Sb 25b	GISTRAR S. S. GN	ATURE	
	VR A 15ME (5)	W	oth lung	4800 Lib	erty H	Ights. Avenu	9	DANJUL	TT 19	01 /	ACON	10	





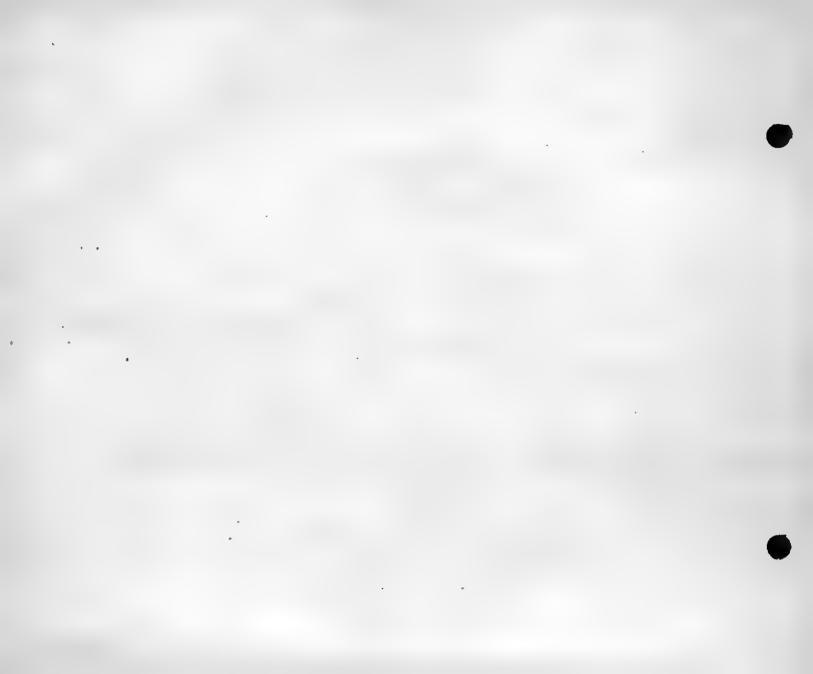
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09346 09345 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased aved if institution. Residence before admission) Baltimore b. COUNTY both filled in by the function papers. Pages 1 c Maryland MARYLAND b CITY OR TOWN (if autside carporate limits, write RURAL and give nearest town) CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b. Towson Baltimore 21204 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES.DENCE ON A FARM? and campletely filled remove tarbon pape 353 Eudowood Lane St. Joseph Hospital NO -NAME OF First Middle Lost 4. DATE Month DECEASED (Type or print) Baby Girl July Weems DEATH burial, crematian, ar removal, and in any event S SEX 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE last birthday) Haurs Days July 21, 1967 Female Negro WIDOWED DIVORCED 10a USUA, OCCUPATION (Give kind af wark dane during mast of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? INDUSTRY Baltimore, Maryland 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Whye. Beatrice Marie Weems, James Stanley IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) [(If yes give war ar dates af service) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1 DEATH WAS CAUSED BY.
Thirpelit signed by the burial-transit p ONSET AND DEATH Intra-uterine pneumonia IMMEDIATE CAUSE (a) be retained by the hospital or attending physician. 10014 DUE TO Pr. ture rupture of membranes Conditions, if any which gave rise ta immediate cause (a), DUE TO stating the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (0) 19 WAS AUTOPSY PEREGRMED? NO 20

□ ACCIDENT WAS UNDERLYING □
OR CONTRIBUTING □ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c TIME OF INJURY Manth, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form (City ar town) (County) (State) Haur am. factory, street, affice bldg, etc.) While Nat While July 14 19 67, to July 21, 19 67 that (1) (we) last 21. I certify that 21) (this hospital) attended the deceased fram_ saw the deceased alive on July 21. 1967, and that death accurred at 9:50M, from causes and an the date stated above. TO FUNITAL DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS July 21, 1967 M.D. DIRECTOR director, page should be filed 22d. ADDRESS 22c PHYSICIAN'S MAME(Type) Lawrence Misanik, M.D 7620 York Rd., Towson, Md. 21204 23a BURIAL, CREMATION, 23c NAME OF CEMEJERY OR CREMATORY 23b DATE THEREOF 23d, LOCAT ON (City or Town) (County) (State) REMOVAL (Specify) 25a REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE FUNERAL_DIRECTOR VR A15 (4) Miliantes Juda



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00346 09347 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE **b.** COUNTY Maryland Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)

Catonsville c. LENGTH OF STAY IN 15 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) 28yrl3dys Baltimore d. STREET ADDRESS filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? 2807 Clifton Street Spring Grove State Hospital NO. YES NAME OF Last First Middle 4 DATE Month Year and in any event, wit DECEASED (Type or print) OF DEATH Weller 1967 July 19, Margaret S. SEX 6 COLOR OR RACE B DATE OF BIRTH 9 AGE (In years 7. MARRIED IT NEVER MARRIED dost birthday) Months Doys April 16, 1900 White WIDOWED Female 10o LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Housewife Cumberland, Maryland 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME buriol, cremotian, or removol, Barthalomew Andrew Mary Neubart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address STATE Records: SPRING GROVE HOSPITAL with generalized metastasega, Between IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY Carcinoma signed by the Carcinoma of the Breats, type undetermined I Type Page 4 may be retained by the hospital or ottending physician. DUE TO (family refused permission for biopsy.) Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse be detoched for use os the State Dept. of Health prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO 2Do ACC DENT WAS UNDER LYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg, etc.) 21. I certify that (1) (this haspital) attended the deceased from sow the deceased plive on July 1967, and the 38, to July 19 , 19 67, that X) (we) last July 6 TO FUNERAL DIRECTOR: sow the deceased olive on July , and they M, from causes and on the date stated above death occurred at 220 SIGNATUR 22b DATE SIGNED 7-19-67 director, page should be filed 22d ADDRESS G ROVE PHYSICIAN S NAME (Type) Young . M.D. Maryland Baltimore. NAME OF CEMETERY OR CREMATORY (Stote) 2Sb REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 39348 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore burial transit permit. Then please remove corban payes. Pages | burial, cremotion, or removal, and in any event, within 72 houryafter MARYLAND Maryland Baltimore b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

RURAL - TOWSON c LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) days Ealti ore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS Greater Baltimore Medical Center 1741 Freedomway North YES NO TY NAME OF 4. DATE First Middle Lost Month Dov Year DECEASED (Type or print) FRANCIS **HENRY** WELSH DEATH July 1967 IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Doys Male White WIDOWED DIVORCED January 1, 1928 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Packing Shipping Carroll County, Md Bendix Radio USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Welsh Grimes, Marv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) ((If yes give wor or dotes of service) Patient's History No 215-20-8171 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) Carcinoma of Lung signed by buriol frons by the haspital or ottending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse os the hos been last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO K certificate Ē 20g ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year Hour o.m. factory, street, office bldg, etc.) Not While ot work of work 2). I certify that (I) (this haspital) attended the deceased from July 7. 1967, ta July 20. 1967, that (I) (we) last be retained saw the deceased alive an July 20. 19 67, and that death accurred all:00 M, fram causes and an the date stated above DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED ATTENDING 7/20/67 directar, page 3 should be filed v M.D. DIRECTOR PHYS PHYS. 22d. ADDRESS Poge 4 moy b 22c. PHYSICIAN FUNERAL NAME (Type) John E. Adams, M.D. Greater Baltimore Medical Center 23b DATE THEREOF 23c. NAME OF CEMETERY ◀ 23d LOCATION (City or Town) 230. BURIAL, CREMATION. (County) (State) REMOVAL (Specify) Winfield الوم مذالد ال 9 Carroll ADDRESS 24 FUNERAL DIRECTOR 2So. Switesville, l'd.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 8934R CERTIFICATE OF DEATH within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) the funeral PLACE OF DEATH o. COUNTY Baltimore MARYLAND b CITY OR TOWN (If outside corporate i mits, write RL RAL and give nearest town)

TOWSON CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson Garthanner d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? Chesapeake Manor Nursing Home 4144 Roland Avenue NO TH NAME OF Middle First 4 DATE Month Year DECEASED Louise Wilhelm 1067 C. (Type or print) DEATH burial, cremation, ar remayal, and in any event, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed S. SEX 8 DATE OF BIRTH AGE (in years JE UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost burthdoy) Months W \mathbf{F} 7-18-1885 DIVORCED WIDOWED 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) TOO KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if refired) COUNTRY? INDUSTRY Mimeo-Graph Baltimore, Maryland
14. MOTHER'S MAIDEN NAME Operator 13. FATHER'S NAME Rohleder Unknown 16. SOCIAL SECURITY NO 17 INFORMANT Address 1 to. IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown) (if yes give wor or dates of service 220-30-5828 Mr. Charles R. Goldsborough 1B CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c).)
PART I. DEATH WAS CAUSED BY. burial-transit IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 200 ACCIDENT WAS JNDERLYING . 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form. (City_or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year foctory, street, office bldd . etc.) Hour o.m. TO FUNERAL DIRECTOR: After tertify that (1) (this hospital) attended the deceased fram and that death occurred at 2°H M, train causes and saw the deceased alive an. an the date stoted obove 220 SIGNATURE 225 DATE SIGNED STAFF DIRECTOR ADDRESS Dr. William /Helfrich 5006 Roland Avenue 23o BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Cremation Green Mount Crematory Baltimore, Md. 7-12-67 ADDRESS & Sons Co ADDRESS York Road Balto., VR A15 (4) 25M 1/67 Charles Judge

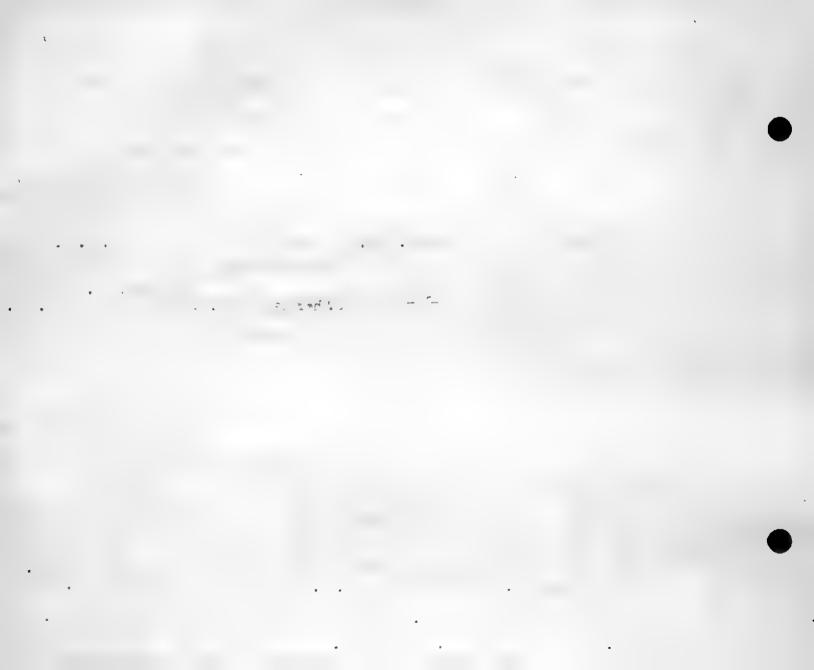




MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09351 death PLACE OF DEATH USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) MAMIANO o COUNTY **b** COUNTY MARYLAND requires that the death certificate be executed within 24 hours after b CITY OR TOWN (If outside corporate limits CLENGTH OF STAY IN 16 r CITY OR TOWN (If outside Orporate limits, write RURAL and give flearest town) filled in I (if pot in hospito give street address) sy. Home IS RESIDENCE d NAME OF HOSP TAL ANG. ON A FARM? NO V YES 3 NAME OF EARL DATE Month Day Year DECEASED OF DEATH 19 6 (Type or print) IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH AGE (%) veors IF UNDER 24 HRS lost birthday) Months Dovs Hours WIDOWED DIVORCED gu 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) and in during most at working life even if retired) HITCHICK COUNTRY? ircraft FATHER'S NAME 14. MOTHER'S MAIDEN NAME EZCA burial, crematian, ar removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (La Se (Yes, no, ar unknown) (If yes give war ar dates of service) 215-14-878 Mrs. ANNAE. Underson BEI Ain MAMINA 2101 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician DUE TO Conditions, if any, which gave 1 Eliter rise to immediate cause (a). DUE TO as the l stating the underlying couse has been last. 19 WAS AUTOPSY PERFORMED? PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 3 should be detached far use with the State Dept. af Health YES NO FUNERAL DIRECTOR: After this certificate irectar, page 3 should be detached far us 20g ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour om foctary, street, office bldg., etc.) Not While of work at work _____, 19_67, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from 6 76/2 . 19 67, to 18 1/15 19 6, and that deoth occurred of A.M. from couses and on the date stated above. saw the deceased olive an 22o. SIGNATURE 22b. DATE SIGNED MED DIRECTOR directar, page 3 should b≡ filed v M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Bur (Specify) St Stephens Cath. C. Cem. Bradshaw Poplto, O. Manyland July 15, 196 250. REC'D BY REGISTRAR 1987256 24 FUNERAL DIRECTOR w. Brondwan VR A15 (4) 20 M 1/66 Joseph William Foster BEI Air, mandard



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 99352 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Baltimore o. STATE Maryland b. COUNTY Baltimore MARYLAND c CITY OR TOWN (If outside corporate imits write RURAL and give nearest town) b CTY OR TOWN (f outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY N 1b 10 Years Edgemere Edgemere d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street ordress) S RESIDENCE ON A FARM? 6400 Old North Point Road 6400 Old North Point Road YES [NO X This certificate should be executed within 24 haurs after death Middle NAME OF First Lost 4 DATE Month Dov Year DECEASED Wojcik 10 67 Edward Thomas July (Type or print) DEATH 19 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS S SEX 8 DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED birthday) Months 9/28/09 Male White DIVORCED TO in any event within 72 hours after death WIDOWED e certificate, writing the ward "pending" in pencil in Item 1 shauld be farwarded to the Chief Medical Exam.ner's Office 100 USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 11 BIRTHPLACE (State or foreign country) 106 KIND OF BUSINESS OR 2 CITIZEN OF WHAT U. S. A. INDUSTRY Maryland Leary Co. Inc. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Susan Strugale Edward Wojcik Edgemere, Md. 21219 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give war or dotes of service) 216-10-7781 Mrs Triemes Bykowski, 6400 Old North Pt. Rd. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c))
PART I DEATH WAS CAUSED BY ONSET AND DEATH DISCASE IMMEDIATE CAUSE (o) **ĐUE TO** Conditions, if only, which gove rise to immediate couse (a), DUE TO stoling the underlying couse PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY ar remaval, PERFORMED? NO PE YES 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCUR (Enter nature of mury in Port I or Port II of item 8) 3 snauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form. (City or town) (County) (Stote) 20c TME OF NIJRY Month, Doy, Year foctory, street, office bldg , etc) Not While at work 21 I certify that I took charge of the remains described above, held an Autopsy , Inspection 3, Inquiry 🕦 , and in my apinian death resulted fram: Natural causes 🔼 Accident 🖊 Suicide . Hamic de Undetermined manner CHIEF MEDICAL EXAMINER 7/11/67 22. DATE SIGNED ACTILAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO 6800 Mornington Rd. **SIGNATURE EXAMINER'S** 5 may k Address (Street city town, or county) Dundalk, Md. 21222 Melvin B. Davis M. D. NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF (County) 230 BURIAL CREMATION. Burial (Specify) 7/14/67 St. Stanislaus Cemetery Baltimore, Md. RECD BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL D RECTOR VR A15ME (5) John J. Duda, 7922 Wise Ave. Dundalk, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09352 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o COUNTY n STATE b COUNTY Page BALTIMORE Maryland -BALTIMORE MARYLAND b. CTY OR TOWN (If outside corporate imits, write RJRAL and give nearest town) r LENGTH OF STAY IN 15 c CITY OR TOWN (f. guitside carparate limits, write RURAL and give negrest tawn) pub 2, and PM3 Sparrows Point d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e is RESIDENC Office along with farm ON A FARM 1125 Steelton Avenue in Item 18 Give Pages Bethelhem Steel Company YES NO F NAME OF Eirst M ddle 4 DATE Month Lost Doy Year DECEASED WOJCIK GEORGE F. July (Type or pont) DEATH 19 67 NEVER MARR ED 6. COLOR OR RACE 8 DATE OF BRITH 9 AGE (In years JE LINDER 1 YEAR 7 MARR, ED birthday) Months Davs Hours July 20, 1914 Male White W.DOWED DIVORCED [7] 6at 11 B RTHPLACE (State or foreign country) 10o LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COLNTRY ? any event within 72 haurs after Baltimore, Maryland Steel Maker Bethelhem Steel ward "pending" in pencil in the Chief Medical Examiner's 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME This tertificate shauld be executed within Paul Wojcik Sophia Giza 17 INFORMANT TS WAS DECEASED EVER IN U.S. ARMED EORCES? 16 SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (f yes give work or doles of service) 216-01-7598 Paul Wojcik 1125 Steelton Avenue NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH Crushing injuries of trunk IMMED ATE CAUSE (o) ... e, writing the ward farwarded to the Ch DHE TO Conditions, if ony, which gove (b) rse to immed ate couse (o), DUE TO stating the underlying cause G S 19 WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICAT ON NO K please execute the certificate, 200 EXTERNAL CAUSE WAS PRIMARY (X or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of many in Part Lor Port Lof Item 18) 3 shauld MEDICAL EXAMINER: CAUSE OF DEATH Walked in front of Fork-lift truck and run over crematian, MEDICAL 20e PLACE OF NJURY (Home form, 20f (Cly or town) 20d NJURY OCCURRED (County) (Stole) 20c TIME OF INJURY Month, Doy, Year 7:00 Hour XX factory street, office b.da . etc.) While of work Ot work may be retained for your FUNERAL DIRECTOR: Page 7-27 19 67 foundry Sparrows Point Balt. Inspection X. 21 I certify that I took charge of the remains described above, held an Autopsy Inquiry . and in my apinian death resulted from: Natural causes Su cide . Accident X be retained Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER prior SIGNATURE the funeral DEPUTY MED CAL EXAM NER **EXAMINER'S** Charles S. Springate, M.D. July 28, 1967 Heath NAME (Type) Address (Street, city, town or county) 23b DATE THEREOE 230 BLRIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) ~ <u>o</u> Burial Spec fy) 7-31-1967 Baltimore, Maryland
REGISTRAR 2SD REGISTRAR'S SIGNATURE St. Stanislaus 250 RECD BY REGISTRAR 24 EUNERA, DIRECTOR VR A15ME (5) Lilly & Zeiler Inc. 1901-07 Eastern Ave. JUL 3 1 1967 6M 1/67 VCharle



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decesed lived, If Institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, ELENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town! . IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 40 YES NO TH paper n 72 h Middle NAME OF DECEASED OF (Type or print) DEATH 196 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. tast birthday) Months Bours WIDOWED T DIVORCED 12, CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give lend of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BRTHPLACE (County & State, or foreign country) done during most of working I fe, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT LAFE HALL (If yes give wer or detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH geve rise to immediate cause: DUE TO (e), stating the underlying cause last. PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.011 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Z 20b DESCRIBE HOW INJURY OCCURED (Enter neture of in ury in Pert Lor Pert Lof Item 18.) 200 ACCIDENT WAS UNDERLYING DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While et work 1967, to 7, -18 ..., 1967, that (1) (We) last 21. I certify that (I) (Mys hospital) attended the deceased from 3 1947., and that death occurred at 37.1M, from the causes and on the date stated above. saw the deceased alive on. . . . 22a SIGNATURE SIGNED PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 1 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b 1611-111776 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7 61

STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09355 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission PLACE OF DEATH a. STATE 6 COUNTY (ITY OR TOWN (If autside/carparate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) n by A LTO of papers. e IS RESIDENCE ON A FARM? STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) by the attending physician and campletely filled ransit permit. Then please remove carbert paper NO Middle NAME OF DATE Year First Day OF DECEASED (Type or print) 05C DEATH 16 19 IF LINDER 1 YEAR AGE (In years IF UNDER 24 HRS SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Manths last birthday) Hours and in any WIDOWED DIVORCED KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b (County & State or foreign country during most of working INDUSTRY 13 FATHER'S NAME MOTHER'S MAIDEN NAME or removal, 17. INFORMANI 16 SOCIAL SECURITY NO. (Yes, ng/or unknown) (If yes give wor or dotes of service SAME cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per tine for (o), (b). burial-transit ONSET AND DEATH PART . DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) physician DUE TO signed ! Chucen Conditions, if any, which gave rise to immediate cause (a), DUE TO te has been s use as the k alth priar to b stating the underlying couse Page 4 may be retained by the haspital ar attending lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO O FUNERAL DIRECTOR: After this certificate Ē 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg, etc.) of work L at wark 1967 21 | certify that (1) (this hospital) attended the deceased fram_ shauld 1967, and that death accurred at 254M, from causes and on the date stated above. saw the deceased alive an 220 SIGNATURE 226. DATE SIGNED **ATTENDING** STAFF PHYS directar, page 3 shauld be filed v M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY **LOCATION (City or Town)** 236 DATE THEREOF (State) 23g. BURIAL CREMATION. BREMOVAL (Specify) HEBREW BALTO FRIENDS41D MI 2Sb. REGISTRAR'S SIGNATURE 2SO REC'D BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 GARRISIN SYLVAN S. LEWIS + SON, INC



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09356 FOR S MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY delay is and 3 to 2, and ... PM3. Poge o. STATE b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Owings Mills 16 years Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office olong with form hours 8. Give Poges ore Rosewood State Hospital 3327 Forest Park Avenue YES NO-24 hours after death. 3. NAME OF Middle Lost 4. DATE Doy DECEASED OF with the Joel (Type or print) Noah ZILBER DEATH S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years IF UNDER I YEAR NEVER MARRIED 30 lost birthdoy) Months Dovs WIDOWED DIVORCED Male White ond 2 event 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Dependent Baltimore City, Md. . = pages in ony U.S.A. none 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME certificate should be executed within Moyshe Zilber Sarah Palees ond 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give war or dates of service) removal. Rosewood Records, Owings Mills, Maryland no none 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ь IMMEDIATE CAUSE (a) Necrotizing Orthostatic Pneumonia cremation, DHE TO Conditions, if ony, which gove (b) Traumatic Cerebral Damage 27 days rise to immediate couse (o), DUE TO stoting the underlying couse forworded 27 days used os buriol, c (Fracture of Skull PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS)
PERFORMED? certificate, Institutionalization due to Epilepsy YES X NO 20o EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) prior PRIMARY TO DI CONTRIBUTING should Fell in seizure CAUSE OF DEATH agent, MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. Rswd. St. Hosp. moy be retoined for your FUNERAL DIRECTOR: Poge Owings Mills please execute Balto. Md. of work designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection x Inquiry x and in my opinion the funerol director. death resulted fram: Natural causes Accident Sel. Undetermined manner Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 50 DEPUTY MEDICAL EXAMINER * D. D. Caples, M.D. Heolth 7-20-67 Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR FREMATOR 23d. LOCATION (City or Town) (County) 0 **ADDRESS** 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR ATSME IS

